

Appendix C: Participant Services

C-1: Summary of Services Covered (1 of 2)

- a. **Waiver Services Summary.** List the services that are furnished under the waiver in the following table. If case management is not a service under the waiver, complete items C-1-b and C-1-c:

Service Type	Service
Statutory Service	Adult Day Services
Statutory Service	Prevocational Services
Statutory Service	Rent and Food for Unrelated Live-in Caregiver
Statutory Service	Residential Habilitation and Support
Statutory Service	Respite
Statutory Service	Supported Employment Follow Along
Extended State Plan Service	Occupational Therapy
Extended State Plan Service	Physical Therapy
Extended State Plan Service	Psychological Therapy
Extended State Plan Service	Speech /Language Therapy
Other Service	Adult Foster Care
Other Service	Behavioral Support Services
Other Service	Community Based Habilitation - Group
Other Service	Community Based Habilitation - Individual
Other Service	Community Transition
Other Service	Electronic Monitoring
Other Service	Environmental Modifications
Other Service	Facility Based Habilitation - Group
Other Service	Facility Based Habilitation - Individual
Other Service	Facility Based Support Services
Other Service	Family and Caregiver Training
Other Service	Intensive Behavioral Intervention
Other Service	Music Therapy
Other Service	Personal Emergency Response System
Other Service	Recreational Therapy
Other Service	Specialized Medical Equipment and Supplies
Other Service	Transportation
Other Service	Workplace Assistance

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Statutory Service

Service:

Adult Day Health

Alternate Service Title (if any):

Adult Day Services

Service Definition (Scope):

Adult Day Services are community-based group programs designed to meet the needs of adults with impairments through individual plans of care. These structured, comprehensive, non-residential programs provide health, social, recreational, and therapeutic activities, supervision, support services, and personal care. Meals and/or nutritious snacks are required. The meals need not constitute the full daily nutritional regimen. However, each meal must meet 1/3 of the daily Recommended Dietary Allowance. These services must be provided in a congregate, protective setting in one of three available levels of service: Basic, Enhanced or Intensive.

Individuals attend Adult Day Services on a planned basis. A minimum of 3 hours to a maximum of 12 hours shall be allowable. The three levels of Adult Day Services are Basic, Enhanced and Intensive.

A 1/2 day unit is defined as one unit of 3 hours to a maximum of 5 hours/day. Two units is more than 5 hours to a maximum of 8 hours/day. A maximum of two units/day is allowed.

A 1/4 hour unit is defined as 15 minutes. Billable only after 8 hours of ADS have been provided on the same day. A maximum of 16 1/4 hour units/day are allowed.

REIMBURSABLE ACTIVITIES

BASIC ADULT DAY SERVICES (Level 1) includes:

- Monitor and/or supervise all activities of daily living (ADLs) defined as dressing, bathing, grooming, eating, walking, and toileting with hands-on assistance provided as needed.
- Comprehensive, therapeutic activities.
- Health assessment and intermittent monitoring of health status.
- Monitor medication or medication administration.
- Appropriate structure and supervision for those with mild cognitive impairment.
- Minimum staff ratio: One staff for each eight individuals.

ENHANCED ADULT DAY SERVICES (Level 2) includes:

Level 1 service requirements must be met. Additional services include:

- Hands-on assistance with two or more ADLs or hands-on assistance with bathing or other personal care.
- Health assessment with regular monitoring or intervention with health status.
- Dispense or supervise the dispensing of medication to individuals.
- Psychosocial needs assessed and addressed, including counseling as needed for individuals and caregivers.
- Therapeutic structure, supervision, and intervention for those with mild to moderate cognitive impairments.
- Minimum staff ratio: One staff for each six individuals.

INTENSIVE ADULT DAY SERVICES (Level 3) includes:

Level 1 and Level 2 service requirements must be met. Additional services include:

- Hands-on assistance or supervision with all ADLs and personal care.
- One or more direct health intervention(s) required.
- Rehabilitation and restorative services, including physical therapy, speech therapy, and occupational therapy coordinated or available.
- Therapeutic intervention to address dynamic psychosocial needs such as depression or family issues affecting care.
- Therapeutic interventions for those with moderate to severe cognitive impairments.
- Minimum staff ratio: One staff for each four individuals.

Adult Day Services may be used in conjunction with Transportation Services.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Adult Day Services are allowed for a minimum of 3 hours to a maximum of 12 hours per day.

ACTIVITIES NOT ALLOWED

- Any activity that is not described in allowable activities is not included in this service.

NOTE: Therapies provided through this service will not duplicate therapies provided under any other service.

Service Delivery Method (*check each that applies*):

☒ Participant-directed as specified in Appendix E

☒ **Provider managed**

Specify whether the service may be provided by (check each that applies):

☐ **Legally Responsible Person**

☐ **Relative**

☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	DDRS Approved Adult Day Service Facilities

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service

Service Name: Adult Day Services

Provider Category:

Agency 

Provider Type:

DDRS Approved Adult Day Service Facilities

Provider Qualifications

License (specify):



Certificate (specify):



Other Standard (specify):

DDRS approved

460 IAC 6-10-5 Criminal Histories,

460 IAC 6-12 Insurance,

460 IAC 6-11 Financial Status of Providers,

460 IAC 6-5-2 Qualification for ADS,

460 IAC 6-14-5 Direct Care Staff Qualifications,

460 IAC 6-14-4 Staff Training, and Transportation Requirements.

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Must be accredited by at least one (1) of the following organizations:

(1) The Commission on Accreditation of Rehabilitation Facilities (CARF), or its successor.

(2) The Council on Quality and Leadership In Supports for People with Disabilities, or its successor.

(3) The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), or its successor.

(4) The National Committee for Quality Assurance, or its successor.

(5) The ISO-9001 human services QA system.

(6) An independent national accreditation organization approved by the secretary

Verification of Provider Qualifications

Entity Responsible for Verification:

Initially, BDDS. For reapproval, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services

C-170-3. Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Statutory Service

Service:

Prevocational Services

Alternate Service Title (if any):

Service Definition (Scope):

Prevocational Services are services that prepare a participant for paid or unpaid employment.

Prevocational Services include teaching concepts such as compliance, attendance, task completion, problem solving and safety. Services are not job-task oriented, but instead, aimed at generalized results. Services are habilitative in nature and not explicit employment objectives.

Monitoring of prevocational services provision will be performed at a minimum every 6 months using the prevocational services monitoring tool administered by the state or their designee. The objectives of monitoring include assessment of the participant's progress toward achieving the outcomes identified on the participant's ISP related to employment and to verify the continued need for prevocational services.

Group sizes:

- Small (4:1 or smaller)
- Medium (5:1 to 10:1)
- Large (larger than 10:1 but no larger than 16:1)

REIMBURSABLE ACTIVITIES:

Monitoring, training, education, demonstration, or support provided to assist with the acquisition and retention of skills in the following areas:

- Paid and unpaid training compensated less than 50% federal minimum wage
- Generalized and transferrable employment skills acquisition

These activities may be provided using off-site enclave or mobile community work crew models.

Participants may also utilize Supported Employment Follow Along (SEFA) in conjunction with Pre-Vocational Services.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Activities Not Allowed:

- Services that are available under the Rehabilitation Act of 1973 or section 602(16) & (17) of Individual with Disabilities Education Act
- Activities that do not foster the acquisition and retention of skills
- Services in which compensation is greater than 50% federal minimum wage
- Activities directed at teaching specific job skills
- Sheltered employment, facility-based
- Services furnished to a minor by parent(s) or stepparents(s) or legal guardian

Service Delivery Method (check each that applies):

- ☐ Participant-directed as specified in Appendix E
- ☒ Provider managed

Specify whether the service may be provided by (check each that applies):

- ☐ Legally Responsible Person
☐ Relative
☐ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Individual	DDRS Approved Prevocational Services Individual
Agency	DDRS Approved Prevocational Agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service

Service Name: Prevocational Services

Provider Category:

Individual 

Provider Type:

DDRS Approved Prevocational Services Individual

Provider Qualifications

License (specify):

Certificate (specify):

Other Standard (specify):

DDRS Approved
 460 IAC 6-10-5-Criminal Histories,
 460 IAC 6-12 Insurance,
 460 IAC 6-11 Provider Financial Status,
 460 IAC 6-14-5 Direct Care Staff qualifications,
 460 IAC 6-5-20 Prevocational Services provider qualifications,
 460 IAC 6-14-4 Staff Training

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Must be accredited by at least one (1) of the following organizations:

- (1) The Commission on Accreditation of Rehabilitation Facilities (CARF), or its successor.
- (2) The Council on Quality and Leadership In Supports for People with Disabilities, or its successor.
- (3) The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), or its successor.
- (4) The National Committee for Quality Assurance, or its successor.
- (5) The ISO-9001 human services QA system.
- (6) An independent national accreditation organization approved by the secretary

Verification of Provider Qualifications

Entity Responsible for Verification:

Initially, BDDS. For re-approval, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Prevocational Services

Provider Category:

Provider Type:

DDRS Approved Prevocational Agency

Provider Qualifications**License (specify):**

Certificate (specify):

Other Standard (specify):

DDRS Approved

460 IAC 6-10-5-Criminal Histories,

460 IAC 6-12 Insurance,

460 IAC 6-11 Provider Financial Status,

460 IAC 6-14-5 Direct Care Staff qualifications,

460 IAC 6-5-20 Prevocational Services provider qualifications,

460 IAC 6-14-4 Staff Training

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Must be accredited by at least one (1) of the following organizations:

- (1) The Commission on Accreditation of Rehabilitation Facilities (CARF), or its successor.
- (2) The Council on Quality and Leadership In Supports for People with Disabilities, or its successor.
- (3) The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), or its successor.
- (4) The National Committee for Quality Assurance, or its successor.
- (5) The ISO-9001 human services QA system.
- (6) An independent national accreditation organization approved by the secretary

Verification of Provider Qualifications**Entity Responsible for Verification:**

Initially, BDDS. For re-approval, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Service:

Alternate Service Title (if any):

Rent and Food for Unrelated Live-in Caregiver

Service Definition (Scope):

Rent and Food for an Unrelated, Live-in Caregiver Supports means the additional cost a participant incurs for the room and board of an unrelated, live-in caregiver (who has no legal responsibility to support the participant) as

provided for in the participant's Residential Budget.

REIMBURSABLE ACTIVITIES:

- The individual participant receiving these services lives in his or her own home
- For payment to not be considered income for the participant receiving services, payment for the portion of the costs of rent and food attributable to an unrelated, live-in caregiver (who has no legal responsibility to support the participant) must be made directly to the live-in caregiver
- Room and board for the unrelated live-in caregiver (who is not receiving any other financial reimbursement for the provision of this service)
- Room: shelter type expenses including all property related costs such as rental or purchase of real estate and furnishings, maintenance, utilities and related administrative services
- Board: three meals a day or other full nutritional regimen
- Unrelated: unrelated by blood or marriage to any degree
- Caregiver: an individual providing a covered service as defined by BDDS service definitions or in a Medicaid HCBS waiver, to meet the physical, social or emotional needs of the participant receiving services

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Activities not allowed:

- When the participant lives in the home of the caregiver or in a residence owned or leased by the provider of other services, including Medicaid waiver services
- When the live-in caregiver is related by blood or marriage (to any degree) to the participant and/or has any legal responsibility to support the participant

Service Delivery Method *(check each that applies):*

- ☐ Participant-directed as specified in Appendix E
- ☒ Provider managed

Specify whether the service may be provided by *(check each that applies):*

- ☐ Legally Responsible Person
- ☐ Relative
- ☐ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Individual	DDRS Approved Residential Habilitation and Support Provider
Agency	DDRS Approved Residential Habilitation and Support Provider

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service

Service Name: Rent and Food for Unrelated Live-in Caregiver

Provider Category:

Individual 

Provider Type:

DDRS Approved Residential Habilitation and Support Provider

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard (specify):

DDRS Approved

460 IAC 6-10-5-Criminal Histories,

460 IAC 6-5-23 Rent/Food for Unrelated Live-In Caregiver Supports provider qualifications,

460 IAC 6-5-24 Qualifications for RHS,

460 IAC 6-14-5 Direct Care Staff Qualifications,

460 IAC 6-14-4 Staff Training

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Verification of Provider Qualifications**Entity Responsible for Verification:**

Initially, BDDS. For re-approval, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Statutory Service****Service Name: Rent and Food for Unrelated Live-in Caregiver****Provider Category:**Agency **Provider Type:**

DDRS Approved Residential Habilitation and Support Provider

Provider Qualifications**License (specify):****Certificate (specify):****Other Standard (specify):**

460 IAC 6-5-24 Qualifications for RHS,

460 IAC 6-14-5 Direct Care Staff Qualifications,

460 IAC 6-14-4 Staff Training

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Verification of Provider Qualifications**Entity Responsible for Verification:**

Initially, BDDS. For re-approval, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services**C-1/C-3: Service Specification**

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:Statutory Service **Service:**Residential Habilitation 

Alternate Service Title (if any):

Residential Habilitation and Support

Service Definition (Scope):

Residential Habilitation and Support Services provide up to a full day (24-hour basis) of services and/or supports which are designed to ensure the health, safety and welfare of the participant, and assist in the acquisition, improvement, and retention of skills necessary to support participants to live successfully in their own homes.

Billable either as:

- Intermittently, for 35 hours or less per week of RHS, OR
- Greater than 35 hours per week of RHS

REIMBURSABLE ACTIVITIES:

RHS includes the following activities:

Direct supervision, monitoring and training to implement the Individualized Support Plan (ISP) outcomes for the participant through the following:

- Assistance with personal care, meals, shopping, errands, chore and leisure activities and transportation (excluding transportation that is covered under the Medicaid State Plan)
- Coordination and facilitation of medical and non-medical services to meet healthcare needs, including physician consults, medications, development and oversight of a health plan, utilization of available supports in a cost effective manner and maintenance of each participant's health record
- Assurance that direct service staff are aware and active individuals in the development and implementation of ISP and Behavior Support Plans
- May be used in conjunction with Transportation Services only when 35 hours or fewer per week of RHS are utilized

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Activities Not Allowed:

Reimbursement is not available through RHS in the following circumstances:

- Services furnished to a minor by the parent(s), step-parent(s), or legal guardian
- Services furnished to a participant by the participant's spouse
- Services to individuals in Adult Foster Care or Children's Foster Care
- Services that are available under the Medicaid State Plan
- Reimbursable waiver funded services furnished to an adult waiver participant by any combination of relative(s) * and/or legal guardian(s) may not exceed a total of 40 hours per week.

* Related/relative implies any of the following natural, adoptive and/or step relationships, whether by blood or by marriage, inclusive of half and/or in-law status:

- (1) Aunt (natural, step, adopted)
- (2) Brother (natural, step, half, adopted, in-law)
- (3) First cousin (natural, step, adopted)
- (4) Grandchild (natural, step, adopted)
- (5) Grandparent (natural, step, adopted)
- (6) Parent (natural, step, adopted, in-law)
- (7) Sister (natural, step, half, adopted, in-law)
- (8) Spouse (husband or wife)
- (9) Uncle (natural, step, adopted)

Additionally:

- Providers may not bill for RHS reimbursement for time when staff/paid caregiver is asleep. Only awake, engaged staff can be counted in reimbursement. (A team may decide that a staff or contractor may sleep while with a participant, but this activity is not billable.)
- Providers may not bill for RHS reimbursement during the time when a participant is admitted to a hospital. (The care and support of a participant who is admitted to a hospital is a non-billable RHS activity.)
- RHS and Electronic Monitoring services are not billable during the same time period.

- Intermittent use of RHS may not exceed thirty-five (35) hours of service per week
- RHS may not be used in conjunction with Transportation Services when more than 35 hours of RHS are utilized per week.

Service Delivery Method (*check each that applies*):

- ☐ Participant-directed as specified in Appendix E
- ☒ Provider managed

Specify whether the service may be provided by (*check each that applies*):

- ☐ Legally Responsible Person
- ☐ Relative
- ☐ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	DDRS Approved RHS Agencies
Individual	DDRS Approved RHS Individuals

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service

Service Name: Residential Habilitation and Support

Provider Category:

Agency 

Provider Type:

DDRS Approved RHS Agencies

Provider Qualifications

License (*specify*):

Certificate (*specify*):

Other Standard (*specify*):

DDRS Approved
 460 IAC 6-10-5 Criminal Histories,
 460 IAC 6-12 Insurance,
 460 IAC 6-11 Financial Status,
 460 IAC 6-5-24 Qualification for RHS,
 460 IAC 6-14-5 Direct Care Staff Qualifications,
 460 IAC 6-14-4 Staff Training,
 460 IAC 6-5-14 Health Care Coordination Services provider,
 RN and LPN staff must meet IC 25-23, and
 Transportation Requirements

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Verification of Provider Qualifications

Entity Responsible for Verification:

Initially, BDDS. For re-approval, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service

Service Name: Residential Habilitation and Support

Provider Category:

Individual 

Provider Type:

DDRS Approved RHS Individuals

Provider Qualifications

License (*specify*):



Certificate (*specify*):



Other Standard (*specify*):

DDRS Approved

460 IAC 6-10-5 Criminal Histories,

460 IAC 6-12 Insurance,

460 IAC 6-11 Financial Status,

460 IAC 6-5-24 Qualification for RHS,

460 IAC 6-14-5 Direct Care Staff Qualifications,

460 IAC 6-14-4 Staff Training,

460 IAC 6-5-14 Health Care Coordination Services provider,

RN and LPN staff must meet IC 25-23, and

Transportation Requirements

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Verification of Provider Qualifications

Entity Responsible for Verification:

Initially, BDDS. For re-approval, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Statutory Service 

Service:

Respite 

Alternate Service Title (if any):



Service Definition (*Scope*):

Respite Care services means services provided to participants unable to care for themselves that are furnished on a short-term basis in order to provide temporary relief to those unpaid persons normally providing care. Respite Care can be provided in the participant's home or place of residence, in the respite caregiver's home, in a camp setting, in a DDRS approved day habilitation facility, or in a non-private residential setting (such as a respite

home).

REIMBURSABLE ACTIVITIES:

- Assistance with toileting and feeding
- Assistance with daily living skills, including assistance with accessing the community and community activities
- Assistance with grooming and personal hygiene
- Meal preparation, serving and cleanup
- Administration of medications
- Supervision
- Individual services
- Group services (Unit rate divided by number of participants served)

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Activities Not Allowed:

- Reimbursement for room and board
- Services provided to a participant living in a licensed facility-based setting
- The cost of registration fees or the cost of recreational activities (for example, camp)
- When the service of Adult Foster Care or Children's Foster Care is being furnished to the participant
- Other family members (such as siblings of the participant) may not receive care or supervision from the provider while Respite care is being provided/billed for the waiver participant(s)
- Respite care shall not be used as day/child care
- Respite is not intended to be provided on a continuous, long-term basis as part of daily services that would enable the unpaid caregiver to go to work or to attend school
- Respite care shall not be used to provide service to a participant while the participant is attending school
- Respite care may not be used to replace skilled nursing services that should be provided under the Medicaid State Plan
- Respite care must not duplicate any other service being provided under the participant's Plan of Care/Individual Service Plan (POC/ISP)
- Services furnished to a minor by a parent(s), step-parent(s), or legal guardian
- Services furnished to a participant by the participant's spouse

Service Delivery Method (*check each that applies*):

- ☐ Participant-directed as specified in Appendix E
- ☒ Provider managed

Specify whether the service may be provided by (*check each that applies*):

- ☐ Legally Responsible Person
- ☐ Relative
- ☐ Legal Guardian


Provider Specifications:

Provider Category	Provider Type Title
Agency	DDRS Approved Licensed Home Health Agencies
Individual	DDRS Approved Respite Providers - Individual
Agency	DDRS Approved Respite Agencies
Individual	DDRS Approved Respite Providers - Individual - Skilled Nursing

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Respite

Provider Category:Agency **Provider Type:**

DDRS Approved Licensed Home Health Agencies

Provider Qualifications**License (specify):**

Home Health Agency IC 16-27-1, RN and LPN IC 25-23-1

Certificate (specify):

Home Health Aide Registered IC 16-27-1.5

Other Standard (specify):

DDRS approved

460 IAC 6-10-5 Criminal Histories,

460 IAC 6-12 Insurance,

460 IAC 6-11 Financial Status of Providers,

460 IAC 6-5-26 Respite Care Qualifications,

460 IAC 6-5-14 Health Care Coordination Qualifications,

460 IAC 6-14-5 Direct Care Staff Qualifications,

460 IAC 6-14-4 Staff Training

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Verification of Provider Qualifications**Entity Responsible for Verification:**

Initially, BDDS. For re-approval, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Statutory Service****Service Name: Respite****Provider Category:**Individual **Provider Type:**

DDRS Approved Respite Providers - Individual

Provider Qualifications**License (specify):****Certificate (specify):****Other Standard (specify):**

DDRS Approved

460 IAC 6-10-5 Criminal Histories,

460 IAC 6-12 Insurance,

460 IAC 6-11 Financial Status of Providers,

460 IAC 6-5-26 Respite Care Qualifications,

460 IAC 6-5-14 Health Care Coordination Qualifications,

460 IAC 6-14-5 Direct Care Staff Qualifications,

460 IAC 6-14-4 Staff Training

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Verification of Provider Qualifications**Entity Responsible for Verification:**

Initially, BDDS. For re-approval, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Statutory Service****Service Name: Respite****Provider Category:**

Agency

Provider Type:

DDRS Approved Respite Agencies

Provider Qualifications**License (specify):**

Certificate (specify):

Other Standard (specify):

DDRS approved
 460 IAC 6-10-5 Criminal Histories,
 460 IAC 6-12 Insurance,
 460 IAC 6-11 Financial Status of Providers,
 460 IAC 6-5-26 Respite Care Qualifications,
 460 IAC 6-5-14 Health Care Coordination Qualifications,
 460 IAC 6-14-5 Direct Care Staff Qualifications,
 460 IAC 6-14-4 Staff Training

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Verification of Provider Qualifications**Entity Responsible for Verification:**

Initially, BDDS. For re-approval, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Statutory Service****Service Name: Respite****Provider Category:**

Individual

Provider Type:

DDRS Approved Respite Providers - Individual - Skilled Nursing

Provider Qualifications**License (specify):**

IC 25-23 Licensed Practical Nurses and Registered Nurses

Certificate (specify):

Other Standard (specify):

DDRS approved

460 IAC 6-10-5 Criminal Histories,
 460 IAC 6-12 Insurance,
 460 IAC 6-11 Financial Status of Providers,
 460 IAC 6-5-26 Respite Care Qualifications,
 460 IAC 6-5-14 Health Care Coordination Qualifications,
 460 IAC 6-14-5 Direct Care Staff Qualifications,
 460 IAC 6-14-4 Staff Training

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Verification of Provider Qualifications

Entity Responsible for Verification:

Initially, BDDS. For re-approval BDDS and BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Statutory Service

Service:

Supported Employment

Alternate Service Title (if any):

Supported Employment Follow Along

Service Definition (Scope):

Supported Employment Follow Along services are services and supports (time-limited to 18 months per employment setting), that enable a participant who is paid at or above the federal minimum wage to maintain employment in a competitive community employment setting. The 18-month clock begins with the start date of the SEFA service as it appears on the approved Plan of Care/Cost Comparison Budget (CCB) and Notice of Action (NOA). Note that the 18- month clock does not begin with the date the service is first rendered or with the date the service is first billed for this time-limited service, unless those dates correspond to the start date of the service as it appears on the CCB and NOA.

In each of the following situations (job in jeopardy, career advancement or job loss, as described below) requests for exceptions for SEFA beyond the approved 18 months will be reviewed in accordance with the DDRS special circumstances and exceptions policy. Depending on each participant's circumstances, the time limit may need to be extended or the participant may need to be referred to, or back to, Vocational Rehabilitation for services and reimbursement, in which case, concurrent reimbursement for Supported Employment Follow-Along and Vocational Rehabilitation Services will not be allowed.

Definitions for job in jeopardy, career advancement or job loss:

- Job in jeopardy – the participant will lose his/her job without additional intervention
- Career advancement – it is determined that the new job requires more complex, comprehensive, intensive supports than can be offered under the waiver
- Job loss - the participant may need to be referred to, or back to, Vocational Rehabilitation for services and reimbursement, in which case, concurrent reimbursement for Supported Employment Follow-Along and Vocational Rehabilitation Services will not be allowed.

Allowable ratio: Individual, 1:1

REIMBURSABLE ACTIVITIES:

- Unless an exception is granted by DDRS as described previously, reimbursement is not available under

Supported Employment Follow Along services for more than 18 months per employment setting, with the 18-month clock starting with the service start date as it appears on the CCB and NOA.

- Time spent at the participant's work site: observation and supervision of the participant, teaching job tasks and monitoring at the work site a minimum of twice a month, to ascertain the success of the job placement
- At the request of the participant, off site monitoring may occur as long as the monitoring directly relates to maintaining a job
- Employment services occur in an integrated work setting
- The provision of skilled job trainers who accompany the participant for short-term job skill training at the work site to help maintain employment
- Regular contact and/or follow-up with the employers, participants, parents, family members, guardians, advocates or authorized representatives of the participants, and other appropriate professional and informed advisors, in order to reinforce and stabilize the job placement
- Facilitation of natural supports at the work site
- Individual program development, writing tasks analyses, monthly reviews, termination reviews and behavioral intervention programs
- Advocating for the participant, but only with persons at the employment site (i.e., employers, co-workers, customers) and only for purposes directly related to employment;

OR

with persons not directly affiliated with the employment site (i.e., parents, bus drivers, case managers, school personnel, landlords, etc.) if the person is hired and currently working

- Staff time used in traveling to and from a work site
- Supports for up to 18 months per employment setting

Participants may utilize Workplace Assistance in conjunction with SEFA

Participants may also utilize Pre-Vocational Services in conjunction with SEFA

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Activities Not Allowed:

Reimbursement is not available under Supported Employment Follow Along services for more than 18 months per employment setting, with the 18-month clock starting with the service start date as it appears on the CCB and NOA. (A waiver participant who is unable to sustain competitive employment after 18 months of service/support is considered inappropriately placed and continuing funding is not available without movement to a better-fit employment setting or authorization of a DDRS-approved exception for special circumstances outlined in the DDRS special circumstances and exceptions policy.)

Reimbursement is not available under Supported Employment Follow Along services for the following activities:

- Transportation of an individual participant
- Any service that is otherwise available under the Rehabilitation Act of 1973 or Public Law 94-142
- Activities taking place in a group, i.e., work crews or enclaves
- Public relations
- Community education
- In-service meetings, department meetings, individual staff development
- Incentive payments made to an employer to subsidize the employer's participation in a supported employment program
- Payments that are passed through to users of supported employment programs
- Sheltered work observation
- Payments for vocational training that is not directly related to a participant's supported employment program
- Any other activities that are non-participant specific, i.e., the job coach is working the job instead of the participant
- Any activities which are not directly related to the participant's vocational plan
- Services furnished to a minor by a parent(s), step-parent(s) or legal guardian
- Services furnished to a participant by the participant's spouse

Service Delivery Method (*check each that applies*):

- ☐ Participant-directed as specified in Appendix E
- ☒ Provider managed

Specify whether the service may be provided by (check each that applies):

- ☐ Legally Responsible Person
☐ Relative
☐ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Individual	DDRS Approved Supported Employment Follow Along - Individuals
Agency	DDRS Approved Supported Employment Follow Along Agencies

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service

Service Name: Supported Employment Follow Along

Provider Category:

Individual 

Provider Type:

DDRS Approved Supported Employment Follow Along - Individuals

Provider Qualifications

License (specify):



Certificate (specify):



Other Standard (specify):

DDRS Approved
 460 IAC 6-10-5 Criminal Histories,
 460 IAC 6-12 Insurance,
 460 IAC 6-11 Provider Financial Status,
 460 IAC 6-5-30(b) and 6-34 Transportation,
 460 IAC 6-14-5 Direct Care Staff qualifications,
 460 IAC 6-14-4 Staff Training

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Must be accredited by at least one (1) of the following organizations:

- (1) The Commission on Accreditation of Rehabilitation Facilities (CARF), or its successor.
- (2) The Council on Quality and Leadership In Supports for People with Disabilities, or its successor.
- (3) The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), or its successor.
- (4) The National Committee for Quality Assurance, or its successor.
- (5) The ISO-9001 human services QA system.
- (6) An independent national accreditation organization approved by the secretary

Verification of Provider Qualifications

Entity Responsible for Verification:

Initially, BDDS. For re-approval, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service

Service Name: Supported Employment Follow Along

Provider Category:

Agency 

Provider Type:

DDRS Approved Supported Employment Follow Along Agencies

Provider Qualifications

License (*specify*):



Certificate (*specify*):



Other Standard (*specify*):

DDRS Approved

460 IAC 6-10-5 Criminal Histories,

460 IAC 6-12 Insurance,

460 IAC 6-11 Provider Financial Status,

460 IAC 6-5-30(b) and 6-34 Transportation,

460 IAC 6-14-5 Direct Care Staff qualifications,

460 IAC 6-14-4 Staff Training

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Must be accredited by at least one (1) of the following organizations:

- (1) The Commission on Accreditation of Rehabilitation Facilities (CARF), or its successor.
- (2) The Council on Quality and Leadership In Supports for People with Disabilities, or its successor.
- (3) The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), or its successor.
- (4) The National Committee for Quality Assurance, or its successor.
- (5) The ISO-9001 human services QA system.
- (6) An independent national accreditation organization approved by the secretary

Verification of Provider Qualifications

Entity Responsible for Verification:

Initially, BDDS. For re-approval, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Extended State Plan Service 

Service Title:

Occupational Therapy

Service Definition (*Scope*):

Occupational Therapy Services means services provided under 460 IAC 6-5-17 by a licensed/certified occupational therapist.

REIMBURSABLE ACTIVITIES:

- Evaluation and training services in the areas of gross and fine motor function, self-care and sensory and perceptual motor function.
- Screening
- Assessments
- Planning, reporting and write-up when in association with the actual one-on-one direct care/therapy service delivery with the waiver participant
- Direct therapeutic intervention
- Design, fabrication, training and assistance with adaptive aids and devices
- Consultation or demonstration of techniques with other service providers and family members

One (1) hour of billed therapy service must include a minimum of forty-five (45) minutes of direct patient care with the balance of the hour spent in related patient services.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

ACTIVITIES NOT ALLOWED

- Therapy services furnished to the participant within the educational/school setting or as a component of the participant's school day
- Activities delivered in a nursing facility
- Services available through the Medicaid State Plan (a Medicaid State Plan prior authorization denial is required before reimbursement is available through the Medicaid waiver for this service).

NOTE: Therapies provided through this service will not duplicate therapies provided under any other service.

Service Delivery Method (*check each that applies*):

- ☐ Participant-directed as specified in Appendix E
- ☒ Provider managed

Specify whether the service may be provided by (*check each that applies*):

- ☐ Legally Responsible Person
- ☐ Relative
- ☐ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Individual	Licensed Occupational Therapist
Agency	DDRS Approved Agency Providing Occupational Therapy
Agency	Home Health Agencies

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service

Service Name: Occupational Therapy

Provider Category:

Individual 

Provider Type:

Licensed Occupational Therapist

Provider Qualifications

License (*specify*):

IC 25-23.5 (Licensure and certification requirements)

Certificate (*specify*):

Other Standard (specify):

DDRS Approved
 460 IAC 6-10-5 Criminal Histories,
 460 IAC 6-12 Insurance,
 460 IAC 6-11 Provider Financial Status,
 460 IAC 6-5-17 Occupational Therapy qualifications

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Verification of Provider Qualifications**Entity Responsible for Verification:**

Initially, BDDS. For re-approval, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service**

Service Type: Extended State Plan Service

Service Name: Occupational Therapy

Provider Category:

Agency 

Provider Type:

DDRS Approved Agency Providing Occupational Therapy

Provider Qualifications**License (specify):**

Occupational Therapist IC 25-23.5

Certificate (specify):


Other Standard (specify):

DDRS Approved
 460 IAC 6-10-5 Criminal Histories,
 460 IAC 6-12 Insurance,
 460 IAC 6-11 Provider Financial Status,
 460 IAC 6-5-17 Occupational Therapy qualifications

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Verification of Provider Qualifications**Entity Responsible for Verification:**

Initially, BDDS. For re-approval, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service**

Service Type: Extended State Plan Service

Service Name: Occupational Therapy

Provider Category:

Agency 

Provider Type:

Home Health Agencies

Provider Qualifications**License (specify):**

IC 16-27-1

Certificate (*specify*):
Other Standard (*specify*):

DDRS Approved

460 IAC 6-10-5 Criminal Histories,

460 IAC 6-12 Insurance,

460 IAC 6-11 Provider Financial Status,

460 IAC 6-5-17 Occupational Therapy provider qualifications

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Verification of Provider Qualifications**Entity Responsible for Verification:**

Initially, BDDS. For re-approval, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Service Title:

Physical Therapy

Service Definition (*Scope*):

Physical Therapy Services means services provided under this article by a licensed physical therapist

REIMBURSABLE ACTIVITIES:

- Screening and assessment
- Treatment and training programs designed to preserve and improve abilities for independent functioning, such as gross and fine motor skills, range of motion, strength, muscle tone, activities of daily living
- Planning, reporting and write-up when in association with the actual one-on-one direct care/therapy service delivery with the waiver participant
- Direct therapeutic intervention
- Training and assistance with adaptive aids and devices
- Consultation or demonstration of techniques with other service providers and family members

One (1) hour of billed therapy service must include a minimum of forty-five (45) minutes of direct patient care with the balance of the hour spent in related patient services.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

ACTIVITIES NOT ALLOWED

- Therapy services furnished to the participant within the educational/school setting or as a component of the participant's school day
- Activities delivered in a nursing facility
- Services available through the Medicaid State Plan (a Medicaid State Plan prior authorization denial is required before reimbursement is available through the waiver for this service)

NOTE: Therapies provided through this service will not duplicate therapies provided under any other service.

Service Delivery Method (*check each that applies*):

- ☐ Participant-directed as specified in Appendix E
- ☒ Provider managed

Specify whether the service may be provided by (check each that applies):

- ☐ Legally Responsible Person
- ☐ Relative
- ☐ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Individual	Licensed Physical Therapist
Agency	DDRS Approved Agency Providing Physical Therapy
Agency	Home Health Agencies

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service

Service Name: Physical Therapy

Provider Category:

Individual 

Provider Type:

Licensed Physical Therapist

Provider Qualifications

License (specify):

IC 25-27-1

Certificate (specify):

Other Standard (specify):

DDRS Approved

460 IAC 6-10-5 Criminal Histories,

460 IAC 6-12 Insurance,

460 IAC 6-11 Provider Financial Status,

460 IAC 6-5-19 Physical Therapy Qualifications

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Verification of Provider Qualifications

Entity Responsible for Verification:

Initially, BDDS. For re-approval BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service

Service Name: Physical Therapy

Provider Category:

Agency 

Provider Type:

DDRS Approved Agency Providing Physical Therapy

Provider Qualifications

License (specify):

Certificate (specify):

Other Standard (specify):

DDRS Approved
 460 IAC 6-10-5 Criminal Histories,
 460 IAC 6-12 Insurance,
 460 IAC 6-11 Provider Financial Status,
 460 IAC 6-5-19 Physical Therapy Provider qualifications

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Verification of Provider Qualifications**Entity Responsible for Verification:**

Initially, BDDS. For re-approval, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Extended State Plan Service****Service Name: Physical Therapy****Provider Category:**

Agency

Provider Type:

Home Health Agencies

Provider Qualifications**License (specify):**

IC 16-27-1

Certificate (specify):

Other Standard (specify):

DDRS Approved
 460 IAC 6-10-5 Criminal Histories,
 460 IAC 6-12 Insurance,
 460 IAC 6-11 Provider Financial Status,
 460 IAC 6-5-19 Physical Therapy Provider qualifications

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Verification of Provider Qualifications**Entity Responsible for Verification:**

Initially, BDDS. For re-approval, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services**C-1/C-3: Service Specification**

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Extended State Plan Service

Service Title:

Psychological Therapy

Service Definition (Scope):

Psychological Therapy services means services provided under 460 IAC 6-3-56 by a licensed psychologist with an endorsement as a health service provider in psychology, a licensed marriage and family therapist, a licensed clinical social worker, or a licensed mental health counselor.

REIMBURSABLE ACTIVITIES:

- Individual counseling
- Biofeedback
- Individual-centered therapy
- Cognitive behavioral therapy
- Psychiatric services
- Crisis counseling
- Family counseling
- Group counseling
- Substance abuse counseling and intervention
- Planning, reporting and write-up when in association with the actual one-on-one direct care/therapy service delivery with the waiver participant

One (1) hour of billed therapy service must include a minimum of forty-five (45) minutes of direct patient care with the balance of the hour spent in related patient services

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Activities Not Allowed:

- Activities delivered in a nursing facility
- Services available through the Medicaid State Plan (a Medicaid State Plan prior authorization denial is required before reimbursement is available through the Medicaid waiver for this service).
- Therapy services furnished to the participant within the educational/school setting or as a component of the participant's school day

NOTE: Therapies provided through this service will not duplicate therapies provided under any other service.

Service Delivery Method (*check each that applies*):

- ☐ Participant-directed as specified in Appendix E
- ☒ Provider managed

Specify whether the service may be provided by (*check each that applies*):

- ☐ Legally Responsible Person
- ☐ Relative
- ☐ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	DDRS Approved Qualified Agencies
Individual	Licensed Psychologists
Individual	Clinical Social Worker
Individual	Marriage/Family Therapist

Individual	Mental Health Counselor
------------	-------------------------

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service

Service Name: Psychological Therapy

Provider Category:

Agency 

Provider Type:

DDRS Approved Qualified Agencies

Provider Qualifications

License (specify):



Certificate (specify):



Other Standard (specify):

DDRS approved
 460 IAC 6-10-5 Criminal Histories,
 460 IAC 6-12 Insurance,
 460 IAC 6-11 Provider Financial Status,
 460 IAC 6-5-21 (Psychological) Therapy Provider qualifications

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Verification of Provider Qualifications

Entity Responsible for Verification:

Initially, BDDS. For re-approvals, BDDS and BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service

Service Name: Psychological Therapy

Provider Category:

Individual 

Provider Type:

Licensed Psychologists

Provider Qualifications

License (specify):

IC 25-33-1-5.1

Certificate (specify):



Other Standard (specify):

DDRS approved
 460 IAC 6-10-5 Criminal Histories,
 460 IAC 6-12 Insurance,
 460 IAC 6-11 Provider Financial Status,
 460 IAC 6-5-21 (Psychological) Therapy Provider qualifications

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Verification of Provider Qualifications

Entity Responsible for Verification:

Initially, BDDS. For re-approval, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service

Service Name: Psychological Therapy

Provider Category:

Individual 

Provider Type:

Clinical Social Worker

Provider Qualifications

License (specify):

IC 25-23.6

Certificate (specify):

Other Standard (specify):

DDRS approved

460 IAC 6-10-5 Criminal Histories,

460 IAC 6-12 Insurance,

460 IAC 6-11 Provider Financial Status,

460 IAC 6-5-21 (Psychological) Therapy Provider qualifications

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Verification of Provider Qualifications

Entity Responsible for Verification:

Initially, BDDS. For re-approval, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service

Service Name: Psychological Therapy

Provider Category:

Individual 

Provider Type:

Marriage/Family Therapist

Provider Qualifications

License (specify):

IC 25-23.6

Certificate (specify):

Other Standard (specify):

DDRS approved

460 IAC 6-10-5 Criminal Histories,
 460 IAC 6-12 Insurance,
 460 IAC 6-11 Provider Financial Status,
 460 IAC 6-5-21 (Psychological) Therapy Provider qualifications

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Verification of Provider Qualifications

Entity Responsible for Verification:

Initially, BDDS. For re-approval, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service

Service Name: Psychological Therapy

Provider Category:

Individual

Provider Type:

Mental Health Counselor

Provider Qualifications

License (specify):

IC 25-23.6

Certificate (specify):

Other Standard (specify):

DDRS approved

460 IAC 6-10-5 Criminal Histories,

460 IAC 6-12 Insurance,

460 IAC 6-11 Provider Financial Status,

460 IAC 6-5-21 (Psychological) Therapy Provider qualifications

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Verification of Provider Qualifications

Entity Responsible for Verification:

Initially, BDDS. For re-approval, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Extended State Plan Service

Service Title:

Speech /Language Therapy

Service Definition (Scope):

Speech-Language Therapy Services means services provided by a licensed speech pathologist under 460 IAC 6 Supported Living Services and Supports requirements.

REIMBURSABLE ACTIVITIES:

- Screening
- Assessment
- Direct therapeutic intervention and treatment for speech and hearing disabilities such as delayed speech, stuttering, spastic speech, aphasic disorders, injuries, lip reading or signing, or the use of hearing aids.
- Evaluation and training services to improve the ability to use verbal or non-verbal communication.
- Language stimulation and correction of defects in voice, articulation, rate and rhythm.
- Design, fabrication, training and assistance with adaptive aids and devices.
- Consultation demonstration of techniques with other service providers and family members.
- Planning, reporting and write-up when in association with the actual one-on-one direct care/therapy service delivery with the waiver participant

One (1) hour of billed therapy service must include a minimum of forty-five (45) minutes of direct patient care/therapy with the balance of the hour spent in related patient services.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Activities Not Allowed

- Services available through the Medicaid State Plan (a Medicaid State Plan prior authorization denial is required before reimbursement is available through the Medicaid waiver for this service).
- Therapy services furnished to the participant within the educational/school setting or as a component of the participant's school day
- Activities delivered in a nursing facility

NOTE: Therapies provided through this service will not duplicate therapies provided under any other service.

Service Delivery Method (*check each that applies*):

- ☐ Participant-directed as specified in Appendix E
- ☒ Provider managed

Specify whether the service may be provided by (*check each that applies*):

- ☐ Legally Responsible Person
- ☐ Relative
- ☐ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Individual	Licensed Speech/Language Therapist
Agency	DDRS Approved Agency providing Speech/Language Therapy
Agency	Home Health Agencies

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service**

Service Type: Extended State Plan Service

Service Name: Speech /Language Therapy

Provider Category:

Individual ☒

Provider Type:

Licensed Speech/Language Therapist

Provider Qualifications

License (*specify*):

IC 25-35.6

Certificate (specify):

Other Standard (specify):

DDRS Approved
 460 IAC 6-10-5 Criminal Histories,
 460 IAC 6-12 Insurance,
 460 IAC 6-11 Provider Financial Status,
 460 IAC 6-5-28 Speech/Language Therapy Qualifications

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Verification of Provider Qualifications**Entity Responsible for Verification:**

Initially, BDDS. For re-approval, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service**

Service Type: Extended State Plan Service

Service Name: Speech /Language Therapy

Provider Category:

Provider Type:

DDRS Approved Agency providing Speech/Language Therapy

Provider Qualifications**License (specify):**

IC 25-35.6 licensed Speech/Language Therapist

Certificate (specify):

Other Standard (specify):

DDRS Approved
 460 IAC 6-10-5 Criminal Histories,
 460 IAC 6-12 Insurance,
 460 IAC 6-11 Provider Financial Status,
 460 IAC 6-5-28 Speech-Language Therapy provider qualifications

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Verification of Provider Qualifications**Entity Responsible for Verification:**

Initially, BDDS. For re-approval, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service**

Service Type: Extended State Plan Service

Service Name: Speech /Language Therapy

Provider Category:

Provider Type:

Home Health Agencies

Provider Qualifications

License (*specify*):

IC 16-27-1

Certificate (*specify*):

Other Standard (*specify*):

DDRS Approved

460 IAC 6-10-5 Criminal Histories,

460 IAC 6-12 Insurance,

460 IAC 6-11 Provider Financial Status,

460 IAC 6-5-28 Speech-Language Therapy Provider Qualifications

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Verification of Provider Qualifications

Entity Responsible for Verification:

Initially, BDDS. For re-approval, BDDS and BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Adult Foster Care

Service Definition (*Scope*):

Adult Foster Care Services means a living arrangement in which an participant lives in the private home of a principal caregiver who is unrelated to the participant.

Necessary support services are provided by the principal caregiver (a foster parent) as part of Adult Foster Care Services. Only agencies may be foster care providers, with the foster care settings being approved, supervised, trained, and paid by the approved agency provider. Separate payment will not be made for homemaker or chore services furnished to an individual receiving Adult Foster Care Services, since these services are integral to and inherent in the provision of adult foster care services.

Rate Levels

There are three levels of rates. The Individualized Support Team (IST) determines what level of supports are required for the participant, based on what services an participant would utilize if foster care services were not available. A Service Planner must be completed showing the services and amounts of services required in another setting. If there are changes in the participant's condition that may call for a change in the level of service, the IST will re-determine what level of supports the participant requires, with ultimate approval given according to who can approve a specific level of service.

- Level 1 – Approved by Service Coordinator
- Level 2 – Approved by District Manager
- Level 3 – Approved by Central Office

Issues to consider in determining which tier of services the participant receives include the amount of time the foster family will need to spend in:

- 1) health and safety management;
- 2) challenges and experiences aimed at increasing a person's ability to live a lifestyle that is compatible with the person's interest and abilities;
- 3) modification or improvement of functional skills;
- 4) guidance and direction for social/emotional support; and
- 5) facilitation of both the physical and social integration of a person into typical family routines and rhythms.

REIMBURSABLE ACTIVITIES:

- Personal care and services
- Homemaker or chore services
- Attendant care and companion care services
- Medication oversight
- Respite for the foster parent (funding for this respite is included in the per diem paid to the service provider, the actual service of Respite Care may not be billed in addition to the per diem)
- Other appropriate supports as described in the Individualized Support Plan

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

A participant in LEVEL 1 may reside with a family and up to three other participants (no more than four total), an participant in LEVEL 2 may not reside with more than one other participant. An participant in LEVEL 3 may not reside with any other participants in the AFC program.

ACTIVITIES NOT ALLOWED

- Services provided in the home of a caregiver who is related by blood or marriage, in any degree, to the participant.
- The service of Residential Habilitation and Supports is not available to participants receiving the service of Adult Foster Care.
- Separate payment will not be made for waiver transportation services.

Service Delivery Method *(check each that applies):*

- ☐ Participant-directed as specified in Appendix E
- ☒ Provider managed

Specify whether the service may be provided by *(check each that applies):*

- ☐ Legally Responsible Person
- ☐ Relative
- ☐ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	DDRS Approved AFC Agencies

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type:** Other Service**Service Name:** Adult Foster Care**Provider Category:**

Agency

Provider Type:

DDRS Approved AFC Agencies

Provider Qualifications**License** *(specify):*

Certificate (*specify*):

Other Standard (*specify*):

DDRS Approved
 460 IAC 6-10-5 Criminal Histories,
 460 IAC 6-12 Insurance,
 460 IAC 6-11 Provider Financial Status,
 460 IAC 6-5-3 Adult Foster Care qualifications
 460 IAC 6-14-5 Direct Care Staff qualifications,
 460 IAC 6-14-4 Staff Training

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Verification of Provider Qualifications

Entity Responsible for Verification:

Initially, BDDS. For re-approval, BDDS and BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Behavioral Support Services

Service Definition (*Scope*):

Behavioral Support Services means training, supervision, or assistance in appropriate expression of emotions and desires, compliance, assertiveness, acquisition of socially appropriate behaviors, and the reduction of inappropriate behaviors.

REIMBURSABLE ACTIVITIES:

- Observation of the individual and environment for purposes of development of a plan and to determine baseline
- Development of a behavioral support plan and subsequent revisions
- Obtain consensus of the Individualized Support Team that the behavioral support plan is feasible for implementation.
- Training in assertiveness
- Training in stress reduction techniques
- Training in the acquisition of socially accepted behaviors
- Training staff, family members, roommates, and other appropriate individuals on the implementation of the behavioral support plan
- Consultation with team members

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

ACTIVITIES NOT ALLOWED

- Aversive techniques – Any techniques not approved by the individual's person centered planning team and the

provider's human rights committee.

- Therapy services furnished to the participant within the educational/school setting or as a component of the participant's school day.
- Services furnished to a minor by a parent(s), step-parent(s), or legal guardian.
- Services furnished to a participant by the participant's spouse.
- In the event that a Level 1 clinician performs Level 2 clinician activities, billing for Level 1 services is not allowed. In this situation, billing for Level 2 services only is allowed.
- Simultaneous receipt of facility-based support services or other Medicaid-billable services and intensive behavior supports.

Service Delivery Method (*check each that applies*):

- ☐ Participant-directed as specified in Appendix E
- ☒ Provider managed

Specify whether the service may be provided by (*check each that applies*):

- ☐ Legally Responsible Person
- ☐ Relative
- ☐ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	DDRS Approved BSS Agencies
Individual	DDRS Approved BSS Individuals

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Behavioral Support Services

Provider Category:

Agency 

Provider Type:

DDRS Approved BSS Agencies

Provider Qualifications

License (*specify*):

Certificate (*specify*):

Other Standard (*specify*):

DDRS Approved

460 IAC 6-10-5 Criminal Histories,

460 IAC 6-12 Insurance,

460 IAC 6-11 Provider Financial Status,

460 IAC 6-5-4 Behavioral Support Services Provider qualifications

460 IAC 6-18 Behavioral Support Services Standards

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Verification of Provider Qualifications

Entity Responsible for Verification:

Initially, BDDS. For re-approval, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Behavioral Support Services

Provider Category:

Individual 

Provider Type:

DDRS Approved BSS Individuals

Provider Qualifications

License (*specify*):

Certificate (*specify*):

Other Standard (*specify*):

DDRS Approved

460 IAC 6-10-5 Criminal Histories,

460 IAC 6-12 Insurance,

460 IAC 6-11 Provider Financial Status,

460 IAC 6-5-4 Behavioral Support Services Provider Qualifications

460 IAC 6-18 Behavioral Support Services Standards

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Verification of Provider Qualifications

Entity Responsible for Verification:

Initially, BDDS. For re-approval, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service 

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Community Based Habilitation - Group

Service Definition (*Scope*):

Community Based Habilitation - Group are services provided outside of the Participant's home that support learning and assistance in the areas of: self-care, sensory/motor development, socialization, daily living skills, communication, community living, and social skills. Community based activities are intended to build relationships and natural supports.

Group Sizes:

Small groups (4:1 or smaller)

Medium groups (5:1 to 10:1)

REIMBURSABLE ACTIVITIES:

Monitoring, training, education, demonstration, or support to assist the individual with the acquisition and retention of skills in the following areas:

- Leisure activities and community/public events (i.e. integrated camp settings)
- Educational activities
- Hobbies
- Unpaid work experiences (i.e. volunteer opportunities)
- Maintaining contact with family and friends

Training and education in self direction designed to help participants achieve one or more of the following outcomes:

- Develop self advocacy skills
- Exercise civil rights
- Acquire skills that enable the ability to exercise self control and responsibility over services and supports received or needed
- Acquire skills that enable the participant to become more independent, integrated or productive in the community

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Activities Not Allowed:

- Services that are available under the Rehabilitation Act of 1973 or PL 94-142.
- Skills training for any activity that is not identified as directly related to an individual habilitation outcome.
- Activities that do not foster the acquisition and retention of skills.
- Services furnished to a minor by parent(s), step parents(s) or legal guardian.
- Services furnished to a participant by the participant's spouse.
- Services rendered in a facility.
- Group size in excess of 10:1.

Habilitation services reimbursement does not include reimbursement for the cost of the activities in which the individual is participating when they receive skills training, such as the cost to attend a community event.

Service Delivery Method (*check each that applies*):

- ☐ Participant-directed as specified in Appendix E
- ☒ Provider managed

Specify whether the service may be provided by (*check each that applies*):

- ☐ Legally Responsible Person
- ☐ Relative
- ☐ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	DDRS Approved Community Based Habilitation Agencies
Individual	DDRS Approved Community Based Habilitation - Individuals

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Community Based Habilitation - Group

Provider Category:Agency **Provider Type:**

DDRS Approved Community Based Habilitation Agencies

Provider Qualifications**License (specify):****Certificate (specify):****Other Standard (specify):**

DDRS approved

460 IAC 6-10-5 Criminal Histories,

460 IAC 6-12 Insurance,

460 IAC 6-11 Financial Status of Providers,

460 IAC 6-14-5 Direct Care Staff Qualifications,

460 IAC 6-14-4 Staff Training,

460 IAC 6-5-14 Health Care Coordination Services provider qualifications, and

Transportation Requirements

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Must be accredited by at least one (1) of the following organizations:

- (1) The Commission on Accreditation of Rehabilitation Facilities (CARF), or its successor.
- (2) The Council on Quality and Leadership In Supports for People with Disabilities, or its successor.
- (3) The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), or its successor.
- (4) The National Committee for Quality Assurance, or its successor.
- (5) The ISO-9001 human services QA system.
- (6) An independent national accreditation organization approved by the secretary

Verification of Provider Qualifications**Entity Responsible for Verification:**

Initially, BDDS. For re-approval, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Other Service****Service Name: Community Based Habilitation - Group****Provider Category:**Individual **Provider Type:**

DDRS Approved Community Based Habilitation - Individuals

Provider Qualifications**License (specify):****Certificate (specify):****Other Standard (specify):**

DDRS approved
 460 IAC 6-10-5 Criminal Histories,
 460 IAC 6-12 Insurance,
 460 IAC 6-11 Financial Status of Providers,
 460 IAC 6-14-5 Direct Care Staff Qualifications,
 460 IAC 6-14-4 Staff Training,
 460 IAC 6-5-14 Health Care Coordination Services provider qualifications, and
 Transportation Requirements

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Must be accredited by at least one (1) of the following organizations:

- (1) The Commission on Accreditation of Rehabilitation Facilities (CARF), or its successor.
- (2) The Council on Quality and Leadership In Supports for People with Disabilities, or its successor.
- (3) The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), or its successor.
- (4) The National Committee for Quality Assurance, or its successor.
- (5) The ISO-9001 human services QA system.
- (6) An independent national accreditation organization approved by the secretary

Verification of Provider Qualifications

Entity Responsible for Verification:

Initially, BDDS. For re-approval, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Community Based Habilitation - Individual

Service Definition (Scope):

Community Based Habilitation - Individual are services provided outside of the Participant's home that support learning and assistance in the areas of: self-care, sensory/motor development, socialization, daily living skills, communication, community living, and social skills. Community based activities are intended to build relationships and natural supports.

Allowable Ratio - 1:1

REIMBURSABLE ACTIVITIES:

Monitoring, training, education, demonstration, or support to assist with the acquisition and retention of skills in the following areas:

- Leisure activities and community/public events (i.e. integrated camp settings)
- Educational activities
- Hobbies
- Unpaid work experiences (i.e. volunteer opportunities)
- Maintaining contact with family and friends

Training and education in self direction designed to help participants achieve one or more of the following outcomes:

- Develop self advocacy skills
- Exercise civil rights
- Acquire skills that enable the ability to exercise self control and responsibility over services and supports received or needed
- Acquire skills that enable the participant to become more independent, integrated or productive in the community

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Activities Not Allowed:

- Services that are available under the Rehabilitation Act of 1973 or PL 94-142.
- Skills training for any activity that is not identified as directly related to an individual habilitation outcome.
- Activities that do not foster the acquisition and retention of skills.
- Services furnished to a minor by parent(s), step parents(s) or legal guardian.
- Services furnished to a participant by the participant's spouse.
- Services rendered in a facility.

Habilitation services reimbursement does not include reimbursement for the cost of the activities in which the individual is participating when they receive skills training, such as the cost to attend a community event.

Service Delivery Method (*check each that applies*):

- ☐ Participant-directed as specified in Appendix E
- ☒ Provider managed

Specify whether the service may be provided by (*check each that applies*):

- ☐ Legally Responsible Person
- ☐ Relative
- ☐ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	DDRS Approved Agencies
Individual	DDRS Approved Individual

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Community Based Habilitation - Individual

Provider Category:

Agency

Provider Type:

DDRS Approved Agencies

Provider Qualifications

License (*specify*):

Certificate (*specify*):

Other Standard (*specify*):

DDRS approved
 460 IAC 6-10-5 Criminal Histories,
 460 IAC 6-12 Insurance,
 460 IAC 6-11 Financial Status of Providers,
 460 IAC 6-14-5 Direct Care Staff Qualifications,
 460 IAC 6-14-4 Staff Training,
 460 IAC 6-5-14 Health Care Coordination Services provider qualifications, and
 Transportation Requirements

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Must be accredited by at least one (1) of the following organizations:

- (1) The Commission on Accreditation of Rehabilitation Facilities (CARF), or its successor.
- (2) The Council on Quality and Leadership In Supports for People with Disabilities, or its successor.
- (3) The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), or its successor.
- (4) The National Committee for Quality Assurance, or its successor.
- (5) The ISO-9001 human services QA system.
- (6) An independent national accreditation organization approved by the secretary

Verification of Provider Qualifications

Entity Responsible for Verification:

Initially, BDDS. For re-approval, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Community Based Habilitation - Individual

Provider Category:

Individual

Provider Type:

DDRS Approved Individual

Provider Qualifications

License (specify):

Certificate (specify):

Other Standard (specify):

DDRS approved
 460 IAC 6-10-5 Criminal Histories,
 460 IAC 6-12 Insurance,
 460 IAC 6-11 Financial Status of Providers,
 460 IAC 6-14-5 Direct Care Staff Qualifications,
 460 IAC 6-14-4 Staff Training,
 460 IAC 6-5-14 Health Care Coordination Services provider qualifications, and
 Transportation Requirements

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Must be accredited by at least one (1) of the following organizations:

- (1) The Commission on Accreditation of Rehabilitation Facilities (CARF), or its successor.
- (2) The Council on Quality and Leadership In Supports for People with Disabilities, or its

successor.

(3) The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), or its successor.

(4) The National Committee for Quality Assurance, or its successor.

(5) The ISO-9001 human services QA system.

(6) An independent national accreditation organization approved by the secretary

Verification of Provider Qualifications

Entity Responsible for Verification:

Initially, BDDS. For re-approval, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Community Transition

Service Definition (Scope):

Community Transition Services include reasonable, one-time set-up expenses for individuals who make the transition from an institution to their own home in the community and will not be reimbursable on any subsequent move.

Note: Own Home is defined as any dwelling, including a house, an apartment, a condominium, a trailer, or other lodging that is owned, leased, or rented by the individual and/ or the individual's guardian or family, or a home that is owned and/ or operated by the agency providing supports.

Items purchased through Community Transition Services are the property of the individual receiving the service, and the individual takes the property with him or her in the event of a move to another residence, even if the residence from which he or she is moving is owned by a provider agency. Nursing Facilities are not reimbursed for Community Transition Services because those services are part of the per diem.

REIMBURSABLE ACTIVITIES:

- Security deposits that are required to obtain a lease on an apartment or home.
- Essential furnishings and moving expenses required to occupy and use a community domicile including a bed, table or chairs, window coverings, eating utensils, food preparation items, bed or bath linens
- Set-up fees or deposits for utility or service access including telephone, electricity, heating, and water
- Health and safety assurances including pest eradication, allergen control, or one time cleaning prior to occupancy
- When the individual is receiving residential habilitation and support services under the DD Waiver, the Community Transition Supports service is included in the Cost Comparison Budget

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Community Transition Services are limited to one time set-up expenses, up to \$1,000.

ACTIVITIES NOT ALLOWED

- Apartment or housing rental expenses
- Food
- Appliances

- Diversional or recreational items such as hobby supplies
- Television
- Cable TV access
- VCRs or DVD players

Service Delivery Method (*check each that applies*):

- ☐ Participant-directed as specified in Appendix E
- ☒ Provider managed

Specify whether the service may be provided by (*check each that applies*):

- ☐ Legally Responsible Person
- ☐ Relative
- ☐ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Individual	DDRS Approved Residential Habilitation and Support Provider
Agency	DDRS Approved Residential Habilitation and Support Agencies

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Community Transition

Provider Category:

Individual

Provider Type:

DDRS Approved Residential Habilitation and Support Provider

Provider Qualifications

License (*specify*):

Certificate (*specify*):

Other Standard (*specify*):

DDRS Approved
 460 IAC 6-10-5 Criminal Histories,
 460 IAC 6-12 Insurance,
 460 IAC 6-11 Provider Financial Status,
 460 IAC 6-5-34 Community Transitions Staff Qualifications
 460 IAC 6-14-4 Staff Training

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Verification of Provider Qualifications

Entity Responsible for Verification:

Initially, BDDS. For re-approval, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Community Transition

Provider Category:

Provider Type:

DDRS Approved Residential Habilitation and Support Agencies

Provider Qualifications**License (specify):**

Certificate (specify):

Other Standard (specify):

DDRS Approved Agencies
 460 IAC 6-10-5 Criminal Histories,
 460 IAC 6-12 Insurance,
 460 IAC 6-11 Provider Financial Status,
 460 IAC 6-5-34 Community Transition Staff Qualifications,
 460 IAC 6-14-4 Staff Training

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Verification of Provider Qualifications**Entity Responsible for Verification:**

Initially, BDDS. For re-approval, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Electronic Monitoring

Service Definition (Scope):

Electronic Monitoring/Surveillance System & On-Site Response includes the provision of oversight and monitoring within the residential setting of adult waiver participants through off-site electronic surveillance. Also included is the provision of stand-by intervention staff prepared for prompt engagement with the participant(s) and/or immediate deployment to the residential setting.

REIMBURSABLE ACTIVITIES:

- Electronic Monitoring/Surveillance System & On-Site Response may be installed in residential settings in which all residing adult participants, their guardians and their support teams request such surveillance and monitoring in place of on-site staffing.
- Use of the system may be restricted to certain hours through the Individualized Support Plans of the participants involved.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

ACTIVITIES NOT ALLOWED:

- Electronic monitoring and surveillance systems which have not received specific approval by the Director of the Division of Disability and Rehabilitative Services (DDRS).
- Electronic Monitoring may not be used concurrently with Adult Foster Care services or in the Adult Foster Care home
- Electronic Monitoring systems intended to monitor direct care staff
- Electronic Monitoring serves as a replacement for Residential Habilitation and Support (RHS) services, therefore, Electronic Monitoring and RHS services are not billable during the same time period
- Electronic Monitoring systems in ICF/MR facilities licensed under IC 16-28 and 410 IAC 16.2
- Electronic Monitoring systems used in place of in-home staff to monitor minors, i.e., participants under the age of 18.
- Installation costs related to video and/or audio equipment
- Services furnished to a minor by a parent(s), step-parent(s), or legal guardian
- Services furnished to a participant by the participant's spouse

Service Delivery Method (*check each that applies*):

- ☐ Participant-directed as specified in Appendix E
- ☒ Provider managed

Specify whether the service may be provided by (*check each that applies*):

- ☐ Legally Responsible Person
- ☐ Relative
- ☐ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	DDRS Approved Electronic Monitoring Agency

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Other Service****Service Name: Electronic Monitoring****Provider Category:**

Agency

Provider Type:

DDRS Approved Electronic Monitoring Agency

Provider Qualifications**License** (*specify*):
Certificate (*specify*):
Other Standard (*specify*):

To be approved to provide Electronic Monitoring/Surveillance System & On-Site Response services, a provider shall:

- Be an entity approved by DDRS/BDDS to provide Residential Habilitation and Support services
- Assure that the system must be monitored by a staff person trained and oriented to the specific needs of each participant served as outlined in his or her Individualized Support Plan (ISP)
- Assure that the stand-by intervention (float) staff meet the qualifications for direct support professionals as set out in 460 IAC 6-14-5.

DDRS Approved
 460 IAC 6-10-5-Criminal Histories
 460 IAC 6-12 Insurance
 460 IAC 6-11 Provider Financial Status
 460 IAC 6-5-30(b) and 6-34 Transportation
 460 IAC 6-14-5 Direct Care Staff qualifications
 460 IAC 6-14-4 Staff Training

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Verification of Provider Qualifications

Entity Responsible for Verification:

Initially, BDDS. For re-approval, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Environmental Modifications

Service Definition (Scope):

ENVIRONMENTAL MODIFICATIONS

Those physical adaptations to the home, required by the individual's plan of care, which are necessary to ensure the health, welfare and safety of the individual, or which enable the individual to function with greater independence in the home, and without which the individual would require institutionalization.

Waiver Services must approve all environmental modifications prior to service being rendered.

REIMBURSABLE ACTIVITIES:

- Installation of ramps and grab bars
- Widening doorways
- Modifying existing bathroom facilities
- Installation of specialized electric and plumbing systems necessary to accommodate the medical equipment and supplies which are necessary for the welfare of the individual including anti-scald devices
- Maintenance and repair of the items and modifications installed during the initial request
- Assessment and inspection

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Reimbursement for Environmental Modification Supports has a lifetime cap of \$15,000.

Service and repair up to \$500 per year, outside this cap, is permitted for maintenance and repair of prior modifications that were funded by a waiver service.

(If the lifetime cap is fully utilized, and a need is identified, the case manager will work with other available funding streams and community agencies to fulfill the need.)

ACTIVITIES NOT ALLOWED

- Adaptations to the home which are of general utility

- Adaptations which are not of direct medical or remedial benefit to the individual (such as carpeting, roof repair, central air conditioning)
- Adaptations which add to the total square footage of the home
- Adaptations that are not included in the comprehensive plan of care
- Adaptations that have not been approved on a Request for Approval to Authorize Services
- Adaptations to service provider owned housing. Home accessibility modifications as a service under the waiver may not be furnished to individuals who receive residential habilitation and support services except when such services are furnished in the participant's own home.
- Compensation for the costs of life safety code modifications and other accessibility modifications may not be made with participant waiver funds to housing owned by providers.

Service Delivery Method (*check each that applies*):

- ☐ Participant-directed as specified in Appendix E
- ☒ Provider managed

Specify whether the service may be provided by (*check each that applies*):

- ☐ Legally Responsible Person
- ☐ Relative
- ☐ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Individual	Qualified contractors, architects, licensed contractors, builders, individuals, home inspectors, plumbers, licensed PT, OT, ST - Individual
Agency	DDRS Approved Agencies

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Environmental Modifications

Provider Category:

Individual

Provider Type:

Qualified contractors, architects, licensed contractors, builders, individuals, home inspectors, plumbers, licensed PT, OT, ST - Individual

Provider Qualifications

License (*specify*):

Home Inspector IC 25-20.2

Plumber IC 25-28.5

Physical Therapist IC 25-27-1

Occupational Therapist IC 25-23.5

Speech/Language Therapist IC 25-35.6

Certificate (*specify*):

Architect IC 25-4-1

Other Standard (*specify*):

DDRS Approved

460 IAC 6-10-5 Criminal Histories

460 IAC 6-12 Insurance

460 IAC 6-11 Financial Status of Provider

460 IAC 6-5-11 Environmental Modification Qualifications

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Verification of Provider Qualifications

Entity Responsible for Verification:

Initially, BDDS. For re-approval, BDDS and BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Other Service****Service Name: Environmental Modifications****Provider Category:**Agency **Provider Type:**

DDRS Approved Agencies

Provider Qualifications**License (specify):**

Home Health Agencies IC 16-27-1

Service provided by Licensed OT (IC 25-23.5) ,PT (IC 25-27-1),ST (IC 25-35.6)

Certificate (specify):**Other Standard (specify):**

DDRS Approved

460 IAC 6-10-5 Criminal Histories,

460 IAC 6-12 Insurance

460 IAC 6-11 Provider Financial Status

460 IAC 6-5-11 Environmental Modification Qualifications

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Verification of Provider Qualifications**Entity Responsible for Verification:**

Initially, BDDS. For re-approvals, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services**C-1/C-3: Service Specification**

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:Other Service 

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Facility Based Habilitation - Group

Service Definition (Scope):

Facility Based Habilitation services are services provided outside of the Participant's home in an approved facility that support learning and assistance in the areas of: self-care, sensory/motor development, socialization, daily living skills, communication, community living, and social skills.

Group sizes:

Small (4:1 or smaller)

Medium (5:1 to 10:1)

Larger (larger than 10:1 but no larger than 16:1)

REIMBURSABLE ACTIVITIES:

Monitoring, training, education, demonstration, or support to assist with the acquisition and retention of skills in the following areas:

- Leisure activities (i.e. segregated camp settings)
- Educational activities
- Hobbies
- Unpaid work experiences (i.e. volunteer opportunities)
- Maintaining contact with family and friends

Training and education in self direction designed to help participants achieve one or more of the following outcomes:

- Develop self advocacy skills
- Exercise civil rights
- Acquire skills that enable the ability to exercise self control and responsibility over services and supports received or needed
- Acquire skills that enable the participant to become more independent, integrated or productive in the community

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Activities Not Allowed

- Services that are available under the Rehabilitation Act of 1973 or PL 94-142.
- Skills training for any activity that is not identified as directly related to an individual habilitation outcome
- Activities that do not foster the acquisition and retention of skills.
- Activities that would normally be a component of a person's residential life or services, such as: shopping, banking, household errands, medical appointments, etc.
- Services furnished to a minor by parent(s) or step parents(s) or legal guardian.
- Services furnished to a participant by the participant's spouse.

Habilitation services reimbursement does not include reimbursement for the cost of the activities in which the individual is participating when they receive skills training, such as the cost to attend a community event.

Service Delivery Method (*check each that applies*):

- ☐ Participant-directed as specified in Appendix E
- ☒ Provider managed

Specify whether the service may be provided by (*check each that applies*):

- ☐ Legally Responsible Person
- ☐ Relative
- ☐ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Individual	DDRS Approved Facility Based Habilitation - Individuals
Agency	DDRS Approved Facility Based Habilitation Agencies

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Facility Based Habilitation - Group

Provider Category:Individual **Provider Type:**

DDRS Approved Facility Based Habilitation - Individuals

Provider Qualifications**License (specify):**



Certificate (specify):



Other Standard (specify):

DDRS approved

460 IAC 6-10-5 Criminal Histories

460 IAC 6-12 Insurance

460 IAC 6-11 Financial Status of Providers

460 IAC 6-14-5 Direct Care Staff Qualifications

460 IAC 6-14-4 Staff Training

460 IAC 6-5-14 Health Care Coordination Services provider qualifications

Transportation Requirements

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Must be accredited by at least one (1) of the following organizations:

(1) The Commission on Accreditation of Rehabilitation Facilities (CARF), or its successor.

(2) The Council on Quality and Leadership In Supports for People with Disabilities, or its successor.

(3) The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), or its successor.

(4) The National Committee for Quality Assurance, or its successor.

(5) The ISO-9001 human services QA system.

(6) An independent national accreditation organization approved by the secretary

Verification of Provider Qualifications**Entity Responsible for Verification:**

Initially, BDDS. For re-approval, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Other Service****Service Name: Facility Based Habilitation - Group****Provider Category:**Agency **Provider Type:**

DDRS Approved Facility Based Habilitation Agencies

Provider Qualifications**License (specify):**



Certificate (specify):



Other Standard (specify):

DDRS approved
 460 IAC 6-10-5 Criminal Histories
 460 IAC 6-12 Insurance
 460 IAC 6-11 Financial Status of Providers
 460 IAC 6-14-5 Direct Care Staff Qualifications
 460 IAC 6-14-4 Staff Training
 460 IAC 6-5-14 Health Care Coordination Services provider qualifications
 Transportation Requirements

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Must be accredited by at least one (1) of the following organizations:

- (1) The Commission on Accreditation of Rehabilitation Facilities (CARF), or its successor.
- (2) The Council on Quality and Leadership In Supports for People with Disabilities, or its successor.
- (3) The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), or its successor.
- (4) The National Committee for Quality Assurance, or its successor.
- (5) The ISO-9001 human services QA system.
- (6) An independent national accreditation organization approved by the secretary

Verification of Provider Qualifications

Entity Responsible for Verification:

Initially, BDDS. For re-approval, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service 

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Facility Based Habilitation - Individual

Service Definition (Scope):

Facility Based Habilitation – Individual, are services provided outside of the participant’s home in an approved facility that support learning and assistance in the areas of: self-care, sensory/motor development, socialization, daily living skills, communication, community living, and social skills.

Allowable Ratio - 1:1

REIMBURSABLE ACTIVITIES:

Monitoring, training, education, demonstration, or support to assist with the acquisition and retention of skills in the following areas:

- Leisure activities (i.e. segregated camp settings)
- Educational activities
- Hobbies
- Unpaid work experiences (i.e. volunteer opportunities)
- Maintaining contact with family and friends

Training and education in self direction designed to help participants achieve one or more of the following

outcomes:

- Develop self advocacy skills
- Exercise civil rights
- Acquire skills that enable the ability to exercise self control and responsibility over services and supports received or needed
- Acquire skills that enable the participant to become more independent, integrated or productive in the community

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Activities Not Allowed:

- Services that are available under the Rehabilitation Act of 1973 or PL 94-142
- Skills training for any activity that is not identified as directly related to an individual habilitation outcome
- Activities that do not foster the acquisition and retention of skills
- Services furnished to a minor by parent(s) or step parents(s), or legal guardian
- Services furnished to a participant by the participant's spouse

Habilitation services reimbursement does not include reimbursement for the cost of the activities in which the individual is participating when they receive skills training, such as the cost to attend a camp.

Service Delivery Method (*check each that applies*):

- ☐ Participant-directed as specified in Appendix E
- ☒ Provider managed

Specify whether the service may be provided by (*check each that applies*):

- ☐ Legally Responsible Person
- ☐ Relative
- ☐ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Individual	DDRS Approved Facility Based Habilitation Individuals
Agency	DDRS Approved Facility Based Habilitation Agencies

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Facility Based Habilitation - Individual

Provider Category:

Individual 

Provider Type:

DDRS Approved Facility Based Habilitation Individuals

Provider Qualifications

License (*specify*):

Certificate (*specify*):

Other Standard (*specify*):

DDRS approved

460 IAC 6-10-5 Criminal Histories

460 IAC 6-12 Insurance

460 IAC 6-11 Financial Status of Providers

460 IAC 6-14-5 Direct Care Staff Qualifications
 460 IAC 6-14-4 Staff Training
 460 IAC 6-5-14 Health Care Coordination Services provider qualifications
 Transportation Requirements

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Must be accredited by at least one (1) of the following organizations:

- (1) The Commission on Accreditation of Rehabilitation Facilities (CARF), or its successor.
- (2) The Council on Quality and Leadership In Supports for People with Disabilities, or its successor.
- (3) The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), or its successor.
- (4) The National Committee for Quality Assurance, or its successor.
- (5) The ISO-9001 human services QA system.
- (6) An independent national accreditation organization approved by the secretary

Verification of Provider Qualifications

Entity Responsible for Verification:

Initially, BDDS. For re-approval, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Facility Based Habilitation - Individual

Provider Category:

Agency 

Provider Type:

DDRS Approved Facility Based Habilitation Agencies

Provider Qualifications

License (*specify*):



Certificate (*specify*):



Other Standard (*specify*):

DDRS approved
 460 IAC 6-10-5 Criminal Histories
 460 IAC 6-12 Insurance
 460 IAC 6-11 Financial Status of Providers
 460 IAC 6-14-5 Direct Care Staff Qualifications
 460 IAC 6-14-4 Staff Training
 460 IAC 6-5-14 Health Care Coordination Services provider qualifications
 Transportation Requirements

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Must be accredited by at least one (1) of the following organizations:

- (1) The Commission on Accreditation of Rehabilitation Facilities (CARF), or its successor.
- (2) The Council on Quality and Leadership In Supports for People with Disabilities, or its successor.
- (3) The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), or its successor.
- (4) The National Committee for Quality Assurance, or its successor.

(5) The ISO-9001 human services QA system.

(6) An independent national accreditation organization approved by the secretary

Verification of Provider Qualifications

Entity Responsible for Verification:

Initially, BDDS. For re-approval, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service 

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Facility Based Support Services

Service Definition (Scope):

Facility Based Support services are facility-based group programs designed to meet the needs of participants with impairments through individual plans of care. These structured, comprehensive, non-residential programs provide health, social, recreational, therapeutic activities, supervision, support services, personal care and may also include optional or non-work related educational and life skill opportunities. Participants attend on a planned basis.

These services must be provided in a congregate, protective setting in groups not to exceed 16:1.

REIMBURSABLE ACTIVITIES:

- Monitor and/or supervise activities of daily living (ADLs) defined as dressing, grooming, eating, walking, and toileting with hands-on assistance provided as needed
- Appropriate structure, supervision and intervention
- Minimum staff ratio: 1 staff for each 16 participants
- Medication administration
- Optional or non-work related educational and life skill opportunities (such as how to use computers/computer programs/Internet, set an alarm clock, write a check, fill out a bank deposit slip, plant and care for vegetable/flower garden, etc.) may be offered and pursued.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Activities not allowed:

- Any activity that is not described in allowable activities is not included in this service
- Services furnished to a minor by a parent(s), step-parent(s), or legal guardian
- Services furnished to a participant by the participant's spouse
- Prevocational Services

Habilitation services reimbursement does not include reimbursement for the cost of the activities in which the individual in a group is participating when they receive skills training, such as the cost to attend a community event.

Service Delivery Method (*check each that applies*):

- ☐ Participant-directed as specified in Appendix E
- ☒ Provider managed

Specify whether the service may be provided by (check each that applies):

- ☐ Legally Responsible Person
☐ Relative
☐ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	DDRS Approved Facility Based Support Services Agencies
Individual	DDRS Approved Facility Based Support Services - Individuals

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Facility Based Support Services

Provider Category:

Agency

Provider Type:

DDRS Approved Facility Based Support Services Agencies

Provider Qualifications

License (specify):

Certificate (specify):

Other Standard (specify):

DDRS approved
 460 IAC 6-10-5 Criminal Histories
 460 IAC 6-12 Insurance
 460 IAC 6-11 Financial Status of Providers
 460 IAC 6-5-14 Health Care Coordination Services provider
 460 IAC 6-14-5 Direct Care Staff Qualifications
 460 IAC 6-14-4 Staff Training
 Transportation Requirements

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Verification of Provider Qualifications

Entity Responsible for Verification:

Initially, BDDS. For re-approval, BDDS and BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Facility Based Support Services

Provider Category:

Individual

Provider Type:

DDRS Approved Facility Based Support Services - Individuals

Provider Qualifications

License (*specify*):

Certificate (*specify*):

Other Standard (*specify*):

DDRS approved
 460 IAC 6-10-5 Criminal Histories
 460 IAC 6-12 Insurance
 460 IAC 6-11 Financial Status of Providers
 460 IAC 6-14-5 Direct Care Staff Qualifications
 460 IAC 6-14-4 Staff Training
 460 IAC 6-5-14 Health Care Coordination Services provider qualifications
 Transportation Requirements

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Verification of Provider Qualifications

Entity Responsible for Verification:

Initially, BDDS. For re-approval, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Family and Caregiver Training

Service Definition (*Scope*):

Family and Caregiver Training Services provides training and education to:

- (1) instruct a parent, other family member, or primary caregiver about the treatment regimens and use of equipment specified in the Individualized Support Plan; and
- (2) improve the ability of the parent, family member or primary caregiver to provide the care to or for the individual.

REIMBURSABLE ACTIVITIES:

- Treatment regimens and use of equipment
- Stress management
- Parenting
- Family dynamics
- Community integration
- Behavioral intervention strategies
- Mental health
- Caring for medically fragile individuals

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Reimbursement for this service is limited to no more than \$2,000/year.

ACTIVITIES NOT ALLOWED

- Training/instruction not pertinent to the caregiver's ability to give care to the individual
- Training provided to caregivers who receive reimbursement for training costs within their Medicaid or state line item reimbursement rates
- Meals, accommodations, etc., while attending the training

Service Delivery Method (*check each that applies*):

- ☐ **Participant-directed as specified in Appendix E**
☒ **Provider managed**

Specify whether the service may be provided by (*check each that applies*):

- ☐ **Legally Responsible Person**
☐ **Relative**
☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Individual	DDRS Approved Family and Caregiver Training Individuals
Agency	DDRS Approved Family and Caregiver Training Agencies

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Family and Caregiver Training

Provider Category:

Individual 

Provider Type:

DDRS Approved Family and Caregiver Training Individuals

Provider Qualifications

License (*specify*):




Certificate (*specify*):




Other Standard (*specify*):

DDRS Approved
 460 IAC 6-10-5 Criminal Histories
 460 IAC 6-12 Insurance
 460 IAC 6-11 Provider Financial Status
 460 IAC 6-5-13 and 6-23-1 Family and Caregiver Training Qualifications
 460 IAC 6-14-4 Staff Training

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Verification of Provider Qualifications

Entity Responsible for Verification:

Initially, BDDS. For re-approvals, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service**Service Name: Family and Caregiver Training****Provider Category:**Agency **Provider Type:**

DDRS Approved Family and Caregiver Training Agencies

Provider Qualifications**License (specify):****Certificate (specify):****Other Standard (specify):**

DDRS Approved

460 IAC 6-10-5 Criminal Histories

460 IAC 6-12 Insurance

460 IAC 6-11 Provider Financial Status

460 IAC 6-5-13 and 6-23-1 Family and Caregiver Training Qualifications

460 IAC 6-14-4 Staff Training

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Verification of Provider Qualifications**Entity Responsible for Verification:**

Initially, BDDS. For re-approval, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services**C-1/C-3: Service Specification**

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:Other Service 

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Intensive Behavioral Intervention

Service Definition (Scope):

Intensive Behavioral Intervention (IBI) is a highly specialized, individualized program of instruction and behavioral intervention. IBI is based upon a functional, behavioral and/or skills assessment of an individual's treatment needs. The primary goal of IBI is to reduce behavioral excesses, such as tantrums and acting out behaviors, and to increase or teach replacement behaviors that have social value for the individual and increase access to their community. Program goals are accomplished by the application of research based interventions.

Generally, IBI addresses manifestations that are amenable to change in response to specific, carefully programmed, constructive interactions with the environment.

IBI must include:

- a detailed functional/behavioral assessment;

- reinforcement;
- specific and ongoing objective measurement of progress;
- Family training and involvement so that skills can be generalized and communication promoted;
- Emphasis on the acquisition, generalization and maintenance of new behaviors across other environments and other people;
- Training of caregivers, IBI direct care staff, and providers of other waiver services;
- Breaking down targeted skills into small, manageable and attainable steps for behavior change;
- Utilizing systematic instruction, comprehensible structure and high consistency in all areas of programming;
- Provision for one-on-one structured therapy;
- Treatment approach tailored to address the specific needs of the individual.

Skills training under IBI must include:

- Measurable goals and objectives (specific targets may include appropriate social interaction, negative or problem behavior, communication skills, and/or language skills);
- Heavy emphasis on skills that are prerequisites to language (attention, cooperation, imitation).

REIMBURSABLE ACTIVITIES:

- Preparation of an IBI support plan in accordance with 460 IAC 6-5-32
- Application of a combination of the following empirically-based, multi-modal and multidisciplinary comprehensive treatment approaches:
 - Intensive Teaching Trials (ITT), also called Discrete Trial Training, is a highly specific and structured teaching approach that uses empirically validated behavior change procedures. This type of learning is instructor driven, and may use error correction procedures or reinforcement to maintain motivation and attention to task. ITT consists of the following:
 - (a) Antecedent: a directive or request for the individual to perform an action;
 - (b) Behavior: a response from the individual, including anything from successful performance, non-compliance, or no response;
 - (c) Consequence: a reaction from the therapist, including a range of responses from strong positive reinforcement, faint praise, or a negative (not aversive) reaction; and
 - (d) A pause to separate trials from each other (inter-trial interval).
 - Natural Environment Training (NET) is learner directed training in which the learner engages in activities that are naturally motivating and reinforcing to him or her, rather than the more contrived reinforcement employed in ITT.
 - Interventions that are supported by research in behavior analysis and which have been found to be effective in the treatment of individuals with developmental disabilities which may include but are not limited to:
 - Precision teaching: A type of programmed instruction that focuses heavily on frequency as its main datum. It is a precise and systematic method of evaluating instructional tactics. The program emphasizes learner fluency and data analysis is regularly reviewed to determine fluency and learning.
 - Direct instruction: A general term for the explicit teaching of a skill-set. The learner is usually provided with some element of frontal instruction of a concept or skill lesson followed by specific instruction on identified skills. Learner progress is regularly assessed and data analyzed.
 - Pivotal response training: This training identifies certain behaviors that are “pivotal” (i.e., critical for learning other behaviors). The therapist focuses on these behaviors in order to change other behaviors that depend on them.
 - Errorless teaching or other prompting procedures that have been found to support successful intervention. These procedures focus on the prevention of errors or incorrect responses while also monitoring when to fade the prompts to allow the learner to demonstrate ongoing and successful completion of the desired activity.
 - Additional methods that occur and are empirically-based.
- Specific and ongoing objective measurement of progress, with success closely monitored via detailed data collection.

Note: An appropriate range of hours per week is generally between 20-30 hours of direct service. It is recommended that Intensive Behavioral Intervention Services be delivered a minimum of 20 hours per week. When fewer than 20 hours per week will be delivered, justification must be submitted explaining why the IST feels a number fewer than the recommended minimum is acceptable. A detailed IBI support plan is required. Services are usually direct and one-to-one, with the exception of time spent in training the caregiver(s) and the family; ongoing data collection and analysis; goal and plan revisions.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Activities Not Allowed:

- Aversive techniques as referenced within 460 IAC 6
- Interventions that may reinforce negative behavior, such as “Gentle Teaching”
- Group activities
- Services furnished to a minor by a parent(s), step-parent(s), or legal guardian
- Services furnished to a participant by the participant’s spouse
- Therapy services furnished to the participant within the educational/school setting or as a component of the participant’s school day

Service Delivery Method (*check each that applies*):

- ☐ Participant-directed as specified in Appendix E
- ☒ Provider managed

Specify whether the service may be provided by (*check each that applies*):

- ☐ Legally Responsible Person
- ☐ Relative
- ☐ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	DDRS Approved Intensive Behavioral Intervention Agency
Individual	DDRS Approved Intensive Behavioral Intervention - Individual

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Other Service****Service Name: Intensive Behavioral Intervention****Provider Category:**Agency **Provider Type:**

DDRS Approved Intensive Behavioral Intervention Agency

Provider Qualifications**License** (*specify*):

For IBI Director:

Psychologist licensed under IC 25-33, or

Psychiatrist Licensed under IC 25-22.5

Certificate (*specify*):

For IBI Case Supervisor:

IBI Case Supervisor must be BCBA or BCABA certified

Other Standard (*specify*):

DDRS Approved

460 IAC 6-10-5-Criminal Histories

460 IAC 6-12 Insurance

460 IAC 6-11 Provider Financial Status

460 IAC 6-14-5 Direct Care Staff qualifications

460 IAC 6-14-4 Staff Training

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Verification of Provider Qualifications**Entity Responsible for Verification:**

Initially, BDDS. For re-approval, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Other Service****Service Name: Intensive Behavioral Intervention****Provider Category:**Individual **Provider Type:**

DDRS Approved Intensive Behavioral Intervention - Individual

Provider Qualifications**License (specify):**

For IBI Director:

Psychologist licensed under IC 25-33, or

Psychiatrist Licensed under IC 25-22.5

Certificate (specify):

For IBI Case Supervisor:

IBI Case Supervisor must be BCBA or BCABA certified.

Other Standard (specify):

DDRS Approved

460 IAC 6-10-5-Criminal Histories

460 IAC 6-12 Insurance

460 IAC 6-11 Provider Financial Status

460 IAC 6-14-5 Direct Care Staff qualifications

460 IAC 6-14-4 Staff Training

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Verification of Provider Qualifications**Entity Responsible for Verification:**

Initially, BDDS. For re-approval, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services**C-1/C-3: Service Specification**

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:Other Service 

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Music Therapy

Service Definition (Scope):

Music Therapy Services means services provided for the systematic application of music in the treatment of the physiological and psychosocial aspects of an individual's disability and focusing on the acquisition of nonmusical skills and behaviors.

REIMBURSABLE ACTIVITIES:

- Therapy to improve:
 - Self-image and body awareness
 - Fine and gross motor skills
 - Auditory perception
- Therapy to increase:
 - Communication skills
 - Ability to use energy purposefully
 - Interaction with peers and others
 - Attending behavior
 - Independence and self-direction
- Therapy to reduce maladaptive (stereotypic, compulsive, self-abusive, assaultive, disruptive, perseverative, impulsive) behaviors.
- Therapy to enhance emotional expression and adjustment.
- Therapy to stimulate creativity and imagination. The music therapist may provide services directly or may demonstrate techniques to other service personnel or family members.
- Planning, reporting and write-up when in association with the actual one-on-one direct care/therapy service delivery with the waiver participant.

One (1) hour of billed therapy service must include a minimum of forty-five (45) minutes of direct patient care/therapy with the balance of the hour spent in related patient services.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

ACTIVITIES NOT ALLOWED

- Any services that are reimbursable through the Medicaid State Plan
- Therapy services furnished to the participant within the educational/school setting or as a component of the participant's school day
- Specialized equipment needed for the provision of Music Therapy Services should be purchased under "Specialized Medical Equipment and Supplies Supports"
- Activities delivered in a nursing facility

Service Delivery Method (*check each that applies*):

- ☐ Participant-directed as specified in Appendix E
- ☒ Provider managed

Specify whether the service may be provided by (*check each that applies*):

- ☐ Legally Responsible Person
- ☐ Relative
- ☐ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Individual	DDRS Approved Music Therapist
Agency	Agency that Employs DDRS Approved Music Therapist

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service**

Service Type: Other Service

Service Name: Music Therapy

Provider Category:Individual **Provider Type:**

DDRS Approved Music Therapist

Provider Qualifications**License (specify):****Certificate (specify):**

Certified Music Therapist By a Certification Board for Music Therapists, that is Accredited by a National Commission for Certifying Agencies

Other Standard (specify):

DDRS Approved
 460 IAC 6-10-5 Criminal Histories
 460 IAC 6-12 Insurance
 460 IAC 6-11 Provider Financial Status
 460 IAC 6-5-15 Music Therapy Provider Qualifications

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Verification of Provider Qualifications**Entity Responsible for Verification:**

Initially, BDDS. For re-approval, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service**Service Name: Music Therapy**

Provider Category:Agency **Provider Type:**

Agency that Employs DDRS Approved Music Therapist

Provider Qualifications**License (specify):****Certificate (specify):**

Certified Music Therapist by a Certification Board for Music Therapists, that is Accredited by a National Commission for Certifying Agencies.

Other Standard (specify):

DDRS Approved
 460 IAC 6-10-5 Criminal Histories
 460 IAC 6-12 Insurance
 460 IAC 6-11 Provider Financial Status
 460 IAC 6-5-15 Music Therapy Provider qualifications

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Verification of Provider Qualifications**Entity Responsible for Verification:**

Initially, BDDS. For re-approval, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Personal Emergency Response System

Service Definition (Scope):

PERS is an electronic device which enables certain individuals at high risk of institutionalization to secure help in an emergency. The individual may also wear a portable help button to allow for mobility. The system is connected to the person's phone and programmed to signal a response center once a "help" button is activated. The response center is staffed by trained professionals.

REIMBURSABLE ACTIVITIES:

- PERS is limited to those individuals who live alone, or who are alone for significant parts of the day, and have no regular caregiver for extended periods of time, and who would otherwise require extensive supervision.
- Device Installation service
- Ongoing monthly maintenance of device

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

ACTIVITIES NOT ALLOWED

- Reimbursement is not available for Personal Emergency Response System Supports when the individual requires constant supervision to maintain health and safety.

Service Delivery Method (check each that applies):

- ☐ Participant-directed as specified in Appendix E
- ☒ Provider managed

Specify whether the service may be provided by (check each that applies):

- ☐ Legally Responsible Person
- ☐ Relative
- ☐ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	DDRS Approved Personal Emergency Response System Agencies

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Personal Emergency Response System

Provider Category:

Agency 

Provider Type:

DDRS Approved Personal Emergency Response System Agencies

Provider Qualifications**License (specify):**



Certificate (specify):



Other Standard (specify):

DDRS approved

460 IAC 6-10-5 Criminal Histories

460 IAC 6-12 Insurance

460 IAC 6-11 Financial Status of Provider

460 IAC 6-5-18 Personal Emergency Response System Qualifications

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Verification of Provider Qualifications**Entity Responsible for Verification:**

Initially, BDDS. For re-approval, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service 

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Recreational Therapy

Service Definition (Scope):

Recreational Therapy Services means services provided under this article and consisting of a medically approved recreational program to restore, remediate, or rehabilitate an individual in order to:

- (1) improve the individual's functioning and independence; and
- (2) reduce or eliminate the effects of an individual's disability.

REIMBURSABLE ACTIVITIES:

- Organizing and directing Adapted sports, Dramatics, Arts and crafts, Social activities, other recreation services designed to restore, remediate or rehabilitate
- Planning, reporting and write-up when in association with the actual one-on-one direct care/therapy service delivery with the waiver participant

One (1) hour of billed therapy service must include a minimum of forty-five (45) minutes of direct patient care/therapy with the balance of the hour spent in related patient services.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:**ACTIVITIES NOT ALLOWED**

- Payment for the cost of the recreational activities, registrations, memberships or admission fees associated with

the activities being planned, organized or directed

- Any services that are reimbursable through the Medicaid State Plan
- Therapy services furnished to the participant within the educational/school setting or as a component of the participant's school day
- Activities delivered in a nursing facility

Service Delivery Method (*check each that applies*):

- ☐ Participant-directed as specified in Appendix E
- ☒ Provider managed

Specify whether the service may be provided by (*check each that applies*):

- ☐ Legally Responsible Person
- ☐ Relative
- ☐ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Individual	DDRS Approved Recreational Therapist
Agency	DDRS Approved Agency That Employs Approved Recreational Therapists

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Recreational Therapy

Provider Category:

Individual 

Provider Type:

DDRS Approved Recreational Therapist

Provider Qualifications

License (*specify*):

Certificate (*specify*):

Other Standard (*specify*):

DDRS Approved
 460 IAC 6-10-5 Criminal Histories
 460 IAC 6-12 Insurance
 460 IAC 6-11 Provider Financial Status
 460 IAC 6-5-22 Recreational Therapy Provider Qualifications

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Verification of Provider Qualifications

Entity Responsible for Verification:

Initially, BDDS. For re-approval, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Recreational Therapy

Provider Category:

Provider Type:

DDRS Approved Agency That Employs Approved Recreational Therapists

Provider Qualifications**License (specify):**

Certificate (specify):

Other Standard (specify):

DDRS Approved
 460 IAC 6-10-5 Criminal Histories
 460 IAC 6-12 Insurance
 460 IAC 6-11 Provider Financial Status
 460 IAC 6-5-22 Recreational Therapy provider qualifications

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Verification of Provider Qualifications**Entity Responsible for Verification:**

Initially, BDDS. For re-approval, BDDS or BQIS

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Specialized Medical Equipment and Supplies

Service Definition (Scope):

Specialized medical equipment and supplies to include devices, controls, or appliances, specified in the plan of care, which enable individuals to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live and without which the individual would require institutionalization.

Waiver Services must approve all specialized medical equipment and supplies prior to service being rendered.

REIMBURSABLE ACTIVITIES:

- Items necessary for life support
- Adaptive equipment and supplies
- Ancillary supplies and equipment needed for the proper functioning of specialized medical equipment and supplies
- Durable medical equipment not available under Medicaid State Plan

- Non-durable medical equipment not available under Medicaid State Plan
- Vehicle Modifications
- Communications devices
- Interpreter services

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service and repair up to \$500 per year is permitted for maintenance and repair of previously obtained specialized medical equipment that was funded by a waiver service. If the need for maintenance exceeds \$500, the case manager will work with other available funding streams and community agencies to fulfill the need.

A lifetime cap of \$15,000.00 is available for vehicle modifications. In addition to the \$15,000.00 lifetime cap, \$500.00 will be allowable annually for repair, replacement, or an adjustment to an existing modification that has been provided through the HCBS waiver. If the lifetime cap is fully utilized, and a need is identified, the case manager will work with other available funding streams and community agencies to fulfill the need.

ACTIVITIES NOT ALLOWED

- Equipment and services that are available under the Medicaid State Plan
- Equipment and services that are not of direct medical or remedial benefit to the individual
- Equipment and services that are not included in the comprehensive plan of care
- Equipment and services that have not been approved on a Request for Approval to Authorize services (RFA)
- Equipment and services that are not reflected in the Individualized Support Plan
- Equipment and services that do not address needs identified in the person centered planning process

Service Delivery Method *(check each that applies):*

- ☐ Participant-directed as specified in Appendix E
- ☒ Provider managed

Specify whether the service may be provided by *(check each that applies):*

- ☐ Legally Responsible Person
- ☐ Relative
- ☐ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Home Health Agencies
Agency	DDRS Approved Medical Supply Companies, Pharmacies, Electronics/Computer Companies, Vehicle Modification Provider , Electronics Vendors
Individual	Licensed Speech/Language Therapist
Individual	Licensed Physical Therapist
Individual	Licensed/Certified Occupational Therapist

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service**

Service Type: Other Service
Service Name: Specialized Medical Equipment and Supplies

Provider Category:

Provider Type:

Home Health Agencies

Provider Qualifications**License** *(specify):*

IC 16-27-1

Certificate *(specify):*

Other Standard (specify):

DDRS Approved

460 IAC 6-10-5-Criminal Histories

460 IAC 6-12 Insurance

460 IAC 6-11 Provider Financial Status

460 IAC 6-5-27 Specialized Medical Equipment and Supplies Provider Qualifications

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Verification of Provider Qualifications**Entity Responsible for Verification:**

Initially, BDDS. For re-approval, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Other Service****Service Name: Specialized Medical Equipment and Supplies****Provider Category:**

Agency

Provider Type:

DDRS Approved Medical Supply Companies, Pharmacies, Electronics/Computer Companies, Vehicle Modification Provider, Electronics Vendors

Provider Qualifications**License (specify):**

IC 25-26-13-18 Pharmacy

Certificate (specify):

Other Standard (specify):

DDRS approved

460 IAC 6-10-5 Criminal Histories

460 IAC 6-12 Insurance

460 IAC 6-11 Financial Status of Provider

460 IAC 6-5-27 Specialized Medical Equipment & Supplies Provider Qualifications

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Verification of Provider Qualifications**Entity Responsible for Verification:**

Initially, BDDS. For re-approval, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Other Service****Service Name: Specialized Medical Equipment and Supplies****Provider Category:**

Individual

Provider Type:

Licensed Speech/Language Therapist

Provider Qualifications

License (*specify*):

IC 25-35.6

Certificate (*specify*):

Other Standard (*specify*):

DDRS Approved

460 IAC 6-10-5 Criminal Histories

460 IAC 6-12 Insurance

460 IAC 6-11 Provider Financial Status

460 IAC 6-5-27 Specialized Medical Equipment and Supplies Provider Qualifications

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Verification of Provider Qualifications

Entity Responsible for Verification:

Initially, BDDS. For re-approval, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Specialized Medical Equipment and Supplies

Provider Category:

Individual

Provider Type:

Licensed Physical Therapist

Provider Qualifications

License (*specify*):

IC 25-27-1

Certificate (*specify*):

Other Standard (*specify*):

DDRS Approved

460 IAC 6-10-5 Criminal Histories

460 IAC 6-12 Insurance

460 IAC 6-11 Provider Financial Status

460 IAC 6-5-27 Specialized Medical Equipment and Supplies Provider Qualifications

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Verification of Provider Qualifications

Entity Responsible for Verification:

Initially, BDDS. For re-approval, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Specialized Medical Equipment and Supplies

Provider Category:Individual **Provider Type:**

Licensed/Certified Occupational Therapist

Provider Qualifications**License (specify):**

IC 25-23.5 Licensure and Certification requirements

Certificate (specify):**Other Standard (specify):**

DDRS Approved

460 IAC 6-10-5 Criminal Histories

460 IAC 6-12 Insurance

460 IAC 6-11 Provider Financial Status

460 IAC 6-5-27 Specialized Medical Equipment and Supplies Provider Qualifications

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Verification of Provider Qualifications**Entity Responsible for Verification:**

Initiall, BDDS. For re-approvals, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:Other Service 

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Transportation

Service Definition (Scope):

Transportation Services enable waiver participants to gain access to non-medical community services and resources, maintain or improve their mobility within the community, increase independence and community participation and prevent institutionalization as specified by the Individualized Support Plan and plan of care.

Transportation Services may be used in conjunction with Residential Habilitation and Support (RHS) services only for waiver participants receiving 35 hours or fewer per week of RHS services (including participants who receive no RHS services at all).

REIMBURSABLE ACTIVITIES:

Two one-way trips per day to or from a non-medical community service or resource as specified on the ISP and provided by an approved provider of Residential Habilitation and Support, Community Based Habilitation, Facility Based Habilitation, Adult Day Services or Transportation Services.

* Bus passes or alternate methods of transportation may be utilized

* May be used in conjunction with other services, including Community Based Habilitation, Facility Based Habilitation and Adult Day Services.

NOTE: Whenever possible, family, neighbors, friends or community agencies, which can provide Transportation Services without charge will be utilized.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Activities not allowed:

- May not be used to meet medical transportation needs already available under the Indiana Medicaid State Plan.
- Separate waiver transportation services are not available to participants receiving Adult Foster Care services.

Service Delivery Method (*check each that applies*):

- ☐ Participant-directed as specified in Appendix E
- ☒ Provider managed

Specify whether the service may be provided by (*check each that applies*):

- ☐ Legally Responsible Person
- ☐ Relative
- ☐ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Individual	DDRS Approved Transportation Provider - Individual
Agency	DDRS Approved Transportation Provider - Agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Transportation

Provider Category:

Individual ▼

Provider Type:

DDRS Approved Transportation Provider - Individual

Provider Qualifications

License (*specify*):

Certificate (*specify*):

Other Standard (*specify*):

DDRS Approved
 460 IAC 6-10-5 Criminal Histories
 460 IAC 6-12 Insurance
 460 IAC 6-11 Provider Financial Status
 460 IAC 6-5-30(b) and 6-34 Transportation
 460 IAC 6-14-5 Direct Care Staff qualifications
 460 IAC 6-14-4 Staff Training

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Verification of Provider Qualifications

Entity Responsible for Verification:

Initially, BDDS. For re-approval, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Transportation

Provider Category:

Agency 

Provider Type:

DDRS Approved Transportation Provider - Agency

Provider Qualifications

License (*specify*):



Certificate (*specify*):



Other Standard (*specify*):

DDRS Approved
 460 IAC 6-10-5 Criminal Histories
 460 IAC 6-12 Insurance
 460 IAC 6-11 Provider Financial Status
 460 IAC 6-5-30(b) and 6-34 Transportation
 460 IAC 6-14-5 Direct Care Staff qualifications,
 460 IAC 6-14-4 Staff Training

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Verification of Provider Qualifications

Entity Responsible for Verification:

Initially, BDDS. For re-approval, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service 

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Workplace Assistance

Service Definition (*Scope*):

Workplace Assistance Services provide a range of personal care services and/or supports during paid competitive community employment hours and in a competitive community employment setting to enable waiver participants to accomplish tasks that they would normally do for themselves if they did not have a disability. Assistance may take the form of hands-on assistance (actually performing a personal care task for the participant) or cuing to prompt the participant to perform a personal care task. Workplace Assistance services may be provided on an episodic or on a continuous basis.

Workplace Assistance Services are services that are designed to ensure the health, safety and welfare of the participant, thereby assisting in the retention of paid employment for the participant who is paid at or above the federal minimum wage.

Allowed Ratio - Individual, 1:1

REIMBURSABLE ACTIVITIES:

Direct supervision, monitoring, training, education, demonstration or support to assist with:

- Personal care while on the job or at the job site (may include assistance with meals, hygiene, toileting, transferring, maintaining continence, administration of medication, etc.)

May be used in conjunction with Supported Employment Follow-Along services

May be utilized with each hour the participant is engaged in paid competitive community employment

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Reimbursement for Workplace Assistance Services is available only during the participant's hours of paid, competitive community employment

Activities Not Allowed:

Reimbursement is not available through Workplace Assistance Services under the following circumstances:

- When services are furnished to a minor child by the parent(s) or step-parent(s) or legal guardian
- When services are furnished to a participant by that participant's spouse
- Any service that is otherwise available under the Rehabilitation Act of 1973 or Public Law 94-142
- During volunteer activities
- In a facility setting
- In conjunction with sheltered employment
- During activities other than paid competitive community employment
- Workplace Assistance should complement but not duplicate services being provided under Supported Employment Follow Along services
- Workplace Assistance is NOT to be used for observation or supervision of the participant for the purpose of teaching job tasks or to ascertain the success of the job placement
- Workplace Assistance is NOT to be used for off site monitoring when the monitoring directly relates to maintaining a job
- Workplace Assistance is NOT to be used for the provision of skilled job trainers who accompany the participant for short-term job skill training at the work site to help maintain employment
- Workplace Assistance is NOT to be used for regular contact and/or follow-up with the employers, participants, parents, family members, guardians, advocates or authorized representatives of the participants, or other appropriate professional or informed advisors, in order to reinforce and stabilize the job placement
- Workplace Assistance is NOT to be used for the facilitation of natural supports at the work site
- Workplace Assistance is NOT to be used for Individual program development, writing tasks analyses, monthly reviews, termination reviews or behavioral intervention programs
- Workplace Assistance is NOT to be used for advocating for the participant
- Workplace Assistance is NOT to be used for staff time in traveling to and from a work site.

Service Delivery Method *(check each that applies):*

☐ Participant-directed as specified in Appendix E

☒ Provider managed

Specify whether the service may be provided by *(check each that applies):*

☐ Legally Responsible Person

☐ Relative

☐ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
-------------------	---------------------

Agency	DDRS Approved Workplace Assistance - Agencies
Individual	DDRS Approved Workplace Assistance - Individual

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Workplace Assistance

Provider Category:

Agency

Provider Type:

DDRS Approved Workplace Assistance - Agencies

Provider Qualifications

License (specify):

Certificate (specify):

Other Standard (specify):

DDRS approved
 460 IAC 6-10-5 Criminal Histories
 460 IAC 6-12 Insurance
 460 IAC 6-11 Financial Status of Providers
 460 IAC 6-14-5 Direct Care Staff Qualifications
 460 IAC 6-14-4 Staff Training
 Transportation Requirements

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Verification of Provider Qualifications

Entity Responsible for Verification:

Initially, BDDS. For re-approval, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Workplace Assistance

Provider Category:

Individual

Provider Type:

DDRS Approved Workplace Assistance - Individual

Provider Qualifications

License (specify):

Certificate (specify):

Other Standard (specify):

DDRS approved

460 IAC 6-10-5 Criminal Histories
 460 IAC 6-12 Insurance
 460 IAC 6-11 Financial Status of Providers
 460 IAC 6-14-5 Direct Care Staff Qualifications
 460 IAC 6-14-4 Staff Training
 Transportation Requirements

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals.

Verification of Provider Qualifications

Entity Responsible for Verification:

Initially, BDDS. For re-approval, BDDS or BQIS.

Frequency of Verification:

Up to 3 years.

Appendix C: Participant Services

C-1: Summary of Services Covered (2 of 2)

- b. Provision of Case Management Services to Waiver Participants.** Indicate how case management is furnished to waiver participants (*select one*):

☐ **Not applicable** - Case management is not furnished as a distinct activity to waiver participants.

☒ **Applicable** - Case management is furnished as a distinct activity to waiver participants.

Check each that applies:

☐ **As a waiver service defined in Appendix C-3.** *Do not complete item C-1-c.*

☐ **As a Medicaid State plan service under §1915(i) of the Act (HCBS as a State Plan Option).** *Complete item C-1-c.*

☐ **As a Medicaid State plan service under §1915(g)(1) of the Act (Targeted Case Management).** *Complete item C-1-c.*

☒ **As an administrative activity.** *Complete item C-1-c.*

- c. Delivery of Case Management Services.** Specify the entity or entities that conduct case management functions on behalf of waiver participants:

FSSA/DDRS has contracted with a case management entity to conduct case management functions for waiver participants as a Medicaid administrative activity.

Appendix C: Participant Services

C-2: General Service Specifications (1 of 3)

- a. Criminal History and/or Background Investigations.** Specify the State's policies concerning the conduct of criminal history and/or background investigations of individuals who provide waiver services (*select one*):

☐ **No. Criminal history and/or background investigations are not required.**

☒ **Yes. Criminal history and/or background investigations are required.**

Specify: (a) the types of positions (e.g., personal assistants, attendants) for which such investigations must be conducted; (b) the scope of such investigations (e.g., state, national); and, (c) the process for ensuring that mandatory investigations have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid or the operating agency (if applicable):

a) All waiver providers who have direct contact with waiver participants (including every employee, officer, or

agent involved in the management, administration or provision of services under the Developmental Disabilities Waiver) must have criminal history checks.

b) As described within Appendix C, documented proof of the limited criminal history investigation is required and must be obtained from the Indiana central repository by the prospective provider agency before submitting the prospective provider's application for approval to provide services to the Division of Disability and Rehabilitative Services' (DDRS) Bureau of Developmental Disabilities Services (BDDS). The documented proof must be on file at the time of original provider approval for all current employees.

Criminal history documentation requirements for providers are specified under 460 IAC 6-10-5 "General Administrative Requirements for Providers". The scope of the limited criminal history check is within the state and shall verify that the employee, officer, or agent has not been convicted of the following under Indiana Code Title 35. Criminal Law and Procedure or Title 31. Family Law and Juvenile Law:

- A sex crime (IC 35-42-4)
- Exploitation of an endangered adult (IC 35-46-1-12)
- Failure to report battery, neglect, or exploitation of an endangered adult (IC 35-46-1-13) or abuse or neglect of a child (IC 31-33-22-1)
- Theft (IC 35-43-4), if the person's conviction for theft occurred less than ten (10) years before the person's employment application date, except as provided in IC 16-27-2-5(a)(5)
- Murder (IC 35-42-1-1)
- Voluntary manslaughter (IC 35-42-1-3)
- Involuntary manslaughter (IC 35-42-1-4)
- Felony battery
- A felony offense relating to a controlled substance

The provider shall also obtain a criminal history check from each county in which an employee, officer or agent involved in the management, administration or provision of services has resided within the three (3) years before the criminal history check is requested from the county.

c) The BDDS reviews applications for approval to provide waiver services as submitted by the prospective provider. In the absence of documented proof of the limited criminal history for each employee listed on the provider's organizational chart, the application shall not be approved.

BQIS's comprehensive survey tool directs surveyors to checks that providers complete a criminal history background check on new hires and that, per 460 IAC 6-15-2, the provider rechecks criminal history backgrounds every three years. BQIS does this on a sample basis – for every provider that the individual works with BQIS checks one staff person's record. For example, if an individual receives residential habilitation, day program services, and behavioral clinician services the surveyor will select one staff person's personnel record from each provider agency. BQIS has instructed surveyors to request the record for the staff person who works most closely with the individual. If the agency cannot provide documentation of conducting this background check they are requested to develop a corrective action plan. Providers are encouraged to develop and implement systemic corrective actions.

- b. Abuse Registry Screening.** Specify whether the State requires the screening of individuals who provide waiver services through a State-maintained abuse registry (select one):

- ☐ **No. The State does not conduct abuse registry screening.**
- ☒ **Yes. The State maintains an abuse registry and requires the screening of individuals through this registry.**

Specify: (a) the entity (entities) responsible for maintaining the abuse registry; (b) the types of positions for which abuse registry screenings must be conducted; and, (c) the process for ensuring that mandatory screenings have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable):

a) The Certified Nursing Assistant Abuse Registry is maintained by the Indiana State Department of Health and is available online at <https://extranet.in.gov/webLookup/Search.aspx>

b) Per 460 IAC 6-10-5(d), "Documentation of Criminal Histories", the state Bureau of Developmental Disabilities Services (BDDS) requires Certified Nursing Assistant Abuse Registry screenings for each direct care staff member employed by a provider of waiver services. Each provider or prospective provider is responsible for conducting the screening against the registry.

The Certified Nursing Assistant Abuse Registry documentation requirements for providers are specified under 460 IAC 6-10, "General Administrative Requirements for Providers".

c) The BDDS reviews applications for approval to provide waiver services as submitted by the prospective provider. In the absence of the report from the state nurse aid registry for each direct care staff employed by the provider, the application shall not be approved.

The Bureau of Quality Improvement Services (BQIS) includes the requirement of reviewing for documented proof of the report from the state nurse aid registry for each direct care staff employed by the provider within provider surveys to verify that this practice continues with new hires.

Appendix C: Participant Services

C-2: General Service Specifications (2 of 3)

c. **Services in Facilities Subject to §1616(e) of the Social Security Act.** *Select one:*

- ☒ **No. Home and community-based services under this waiver are not provided in facilities subject to §1616 (e) of the Act.**
- ☐ **Yes. Home and community-based services are provided in facilities subject to §1616(e) of the Act. The standards that apply to each type of facility where waiver services are provided are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).**

Appendix C: Participant Services

C-2: General Service Specifications (3 of 3)

d. **Provision of Personal Care or Similar Services by Legally Responsible Individuals.** A legally responsible individual is any person who has a duty under State law to care for another person and typically includes: (a) the parent (biological or adoptive) of a minor child or the guardian of a minor child who must provide care to the child or (b) a spouse of a waiver participant. Except at the option of the State and under extraordinary circumstances specified by the State, payment may not be made to a legally responsible individual for the provision of personal care or similar services that the legally responsible individual would ordinarily perform or be responsible to perform on behalf of a waiver participant. *Select one:*

- ☒ **No. The State does not make payment to legally responsible individuals for furnishing personal care or similar services.**
- ☐ **Yes. The State makes payment to legally responsible individuals for furnishing personal care or similar services when they are qualified to provide the services.**

Specify: (a) the legally responsible individuals who may be paid to furnish such services and the services they may provide; (b) State policies that specify the circumstances when payment may be authorized for the provision of *extraordinary care* by a legally responsible individual and how the State ensures that the provision of services by a legally responsible individual is in the best interest of the participant; and, (c) the controls that are employed to ensure that payments are made only for services rendered. *Also, specify in Appendix C-1/C-3 the personal care or similar services for which payment may be made to legally responsible individuals under the State policies specified here.*

e. **Other State Policies Concerning Payment for Waiver Services Furnished by Relatives/Legal Guardians.** Specify State policies concerning making payment to relatives/legal guardians for the provision of waiver services over and above the policies addressed in Item C-2-d. *Select one:*

- ☒ **The State does not make payment to relatives/legal guardians for furnishing waiver services.**
- ☐ **The State makes payment to relatives/legal guardians under specific circumstances and only when the relative/guardian is qualified to furnish services.**

Specify the specific circumstances under which payment is made, the types of relatives/legal guardians to whom payment may be made, and the services for which payment may be made. Specify the controls that are employed to ensure that payments are made only for services rendered. *Also, specify in Appendix C-1/C-3 each waiver service for which payment may be made to relatives/legal guardians.*

- ☐ **Relatives/legal guardians may be paid for providing waiver services whenever the relative/legal guardian is qualified to provide services as specified in Appendix C-1/C-3.**

Specify the controls that are employed to ensure that payments are made only for services rendered.

- ☐ **Other policy.**

Specify:

- f. Open Enrollment of Providers.** Specify the processes that are employed to assure that all willing and qualified providers have the opportunity to enroll as waiver service providers as provided in 42 CFR §431.51:

Prospective providers of DD Waiver services may apply to become a provider at any time. The application approval process is managed/performed by the DDRS Provider Relations unit. As applications are received and reviewed by the DDRS Provider Relations unit, the prospective provider is given the opportunity to respond to any questions or additional information requested. The staff is available, upon request, to discuss in person questions regarding the application.

The Provider Relations unit works with the potential provider to ensure all required documentation is obtained. Once a prospective provider has been determined to have met the relevant provider requirements for the services they propose to provide, the provider is referred to Indiana's Medicaid fiscal agent to enroll as a Medicaid provider. (Medicaid enrollment is required for all waiver service providers.) When the provider is enrolled, DDRS is notified and the provider is added to the active provider database.

Under the state's administrative rules, the provider is given 15 days from the date of notice of denial to appeal. The case is then assigned to an Administrative Law Judge for a hearing.

Information regarding the provider approval/enrollment process, provider qualifications required for particular services and other helpful information is also available to prospective services providers on the internet at the DDRS website and by accessing the Indiana Medicaid HCBS Waiver Provider Manual, the Bureau of Developmental Disabilities Services help line, known as the BDDS Helpline and the Indiana Medicaid HCBS Guide for Consumers (courtesy of the Indiana Governor's Planning Council for People with Disabilities).

Appendix C: Participant Services

Quality Improvement: Qualified Providers

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

a. Methods for Discovery: Qualified Providers

i. Sub-Assurances:

- a. *Sub-Assurance: The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.*

Performance Measures

For each performance measure/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

Number and percent of new provider applicants who met state requirements to provide waiver services (by provider type). Numerator: The total number of enrolled providers who met state requirements to provide waiver services.

Denominator: The total number of prospective providers who were enrolled to provide waiver services.

Data Source (Select one):

Other

If 'Other' is selected, specify:

Prospective provider review list

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

	<input type="text"/>
--	----------------------

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis <i>(check each that applies):</i>	Frequency of data aggregation and analysis <i>(check each that applies):</i>
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually
	<input checked="" type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

Performance Measure:

Number and percent of waiver providers who continue to meet waiver requirements for re-approval. Numerator: The total number of waiver providers who continue to meet waiver requirements for re-approval. Denominator: The total number of waiver providers.

Data Source (Select one):**Other**

If 'Other' is selected, specify:

Provider re-approval process

Responsible Party for data collection/generation <i>(check each that applies):</i>	Frequency of data collection/generation <i>(check each that applies):</i>	Sampling Approach <i>(check each that applies):</i>
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:

<input type="text"/>		<input type="text"/>
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis <i>(check each that applies):</i>	Frequency of data aggregation and analysis <i>(check each that applies):</i>
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

Performance Measure:

Number and percent of provider corrective action plans (CAPs) completed within specified time frames. Numerator: The total number of providers whose corrective action plans (CAPs) were implemented within stipulated timeframes.

Denominator: The total number of providers required to complete CAPs.

Data Source (Select one):

Other

If 'Other' is selected, specify:

BQIS

Responsible Party for data collection/generation <i>(check each that applies):</i>	Frequency of data collection/generation <i>(check each that applies):</i>	Sampling Approach <i>(check each that applies):</i>
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review

<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually
	<input checked="" type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

Performance Measure:

Number and percent of provider applicants who conduct criminal background checks as required for approval and re-approval. Numerator: Total number of provider applicants who conducted criminal background checks. Denominator: Total number of provider applicants.

Data Source (Select one):**Other**

If 'Other' is selected, specify:

Provider relations tracking system

--	--	--

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually
	<input checked="" type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

Performance Measure:

Number and percent of approved provider applicants that conduct criminal background checks as required for approval and re-approval. Numerator: Total number of approved providers that conducted criminal background checks. Denominator: Total number of approved providers.

Data Source (Select one):

Other

If 'Other' is selected, specify:

STMS – provider compliance component

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually

<div style="border: 1px solid black; width: 90%; margin: 5px;"></div>	
	<input checked="" type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; width: 90%; margin: 5px;"></div>

- b. **Sub-Assurance: The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements.**

For each performance measure/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

- c. **Sub-Assurance: The State implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.**

For each performance measure/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

Number and percent of DD Waiver providers who meet waiver training requirements. Numerator: The total number of waiver providers who met training requirements. Denominator: The total number of waiver providers.

Data Source (Select one):

Other

If 'Other' is selected, specify:

Comprehensive Survey Tool (CST)/Provider Compliance Portion

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input checked="" type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample

		Confidence Interval = <input type="text"/>
<input checked="" type="checkbox"/> Other Specify: Quality contractor	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input checked="" type="checkbox"/> Other Specify: Every provider will be reviewed once every 3 years. Providers will be reviewed in the order in which their certification as a provider expires.
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis <i>(check each that applies):</i>	Frequency of data aggregation and analysis <i>(check each that applies):</i>
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input checked="" type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Other Specify: Quality contractor	<input type="checkbox"/> Annually
	<input checked="" type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

- ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

	 
--	--

b. Methods for Remediation/Fixing Individual Problems

- i. Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.

As individual instances of provider problems are identified, either during the process of provider reviews or as a result of a complaint investigation, providers are required to develop a corrective action plan (CAP) to address their identified deficits. BQIS staff work with BDDS provider relations staff to ensure providers are contacted, engaged in understanding requirements and deficiencies and the process for developing and submitting a CAP for each identified instance of unsatisfactory performance.

BQIS reviews and approves corrective action plans and validates that providers are implementing these as stated. All provider survey information required to support the survey process is included within the web-based automated system built by the state. In use since October 1, 2009, the fully operational automated system allows the providers access to insert their corrective actions directly into the database.

Noncompliant providers are referred to the BQIS and BDDS Directors for follow-up action, which may include being referred to the sanctions committee. Sanctions may include a freeze on serving additional participants, temporary suspension as a provider or termination of the Medicaid waiver provider agreement.

In regard to Complaint Investigations, which differ from Incident Reports fully described in Appendix G-1-b, BQIS continually prioritizes complaints so those that have very serious concerns about an individual or group of individuals' health and welfare being at risk are addressed first. When BQIS initially learns of such allegations, a visit is made to the individual(s) within 24 hours. If BQIS complaint investigators cannot travel to the site in this time frame, BQIS asks the local district BDDS office, or the case manager to visit the site and check on individuals' health and safety.

If issues are identified where consumers' health and welfare is at risk, BQIS will convey those issues and direct the provider to remediate the issue immediately and will follow-up until such action is validated.

BQIS will issue the official report within 25 days of receiving the allegations. Adult Protective Services is involved as needed. The Case Manager is to be contacted and the Individualized Support Team will meet on an as needed basis to address these issues.

ii. Remediation Data Aggregation

Remediation-related Data Aggregation and Analysis (including trend identification)

Responsible Party <i>(check each that applies):</i>	Frequency of data aggregation and analysis <i>(check each that applies):</i>
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input checked="" type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; height: 20px; width: 250px; margin-top: 5px;"></div>	<input type="checkbox"/> Annually
	<input checked="" type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; height: 20px; width: 250px; margin-top: 5px;"></div>

c. Timelines

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Qualified Providers that are currently non-

operational.

- ☐ No
☐ Yes

Please provide a detailed strategy for assuring Qualified Providers, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

Appendix C: Participant Services

C-3: Waiver Services Specifications

Section C-3 'Service Specifications' is incorporated into Section C-1 'Waiver Services.'

Appendix C: Participant Services

C-4: Additional Limits on Amount of Waiver Services

- a. **Additional Limits on Amount of Waiver Services.** Indicate whether the waiver employs any of the following additional limits on the amount of waiver services (*select one*).

- ☐ **Not applicable** - The State does not impose a limit on the amount of waiver services except as provided in Appendix C-3.
☒ **Applicable** - The State imposes additional limits on the amount of waiver services.

When a limit is employed, specify: (a) the waiver services to which the limit applies; (b) the basis of the limit, including its basis in historical expenditure/utilization patterns and, as applicable, the processes and methodologies that are used to determine the amount of the limit to which a participant's services are subject; (c) how the limit will be adjusted over the course of the waiver period; (d) provisions for adjusting or making exceptions to the limit based on participant health and welfare needs or other factors specified by the state; (e) the safeguards that are in effect when the amount of the limit is insufficient to meet a participant's needs; (f) how participants are notified of the amount of the limit. (*check each that applies*)

- ☐ **Limit(s) on Set(s) of Services.** There is a limit on the maximum dollar amount of waiver services that is authorized for one or more sets of services offered under the waiver.
Furnish the information specified above.

- ☐ **Prospective Individual Budget Amount.** There is a limit on the maximum dollar amount of waiver services authorized for each specific participant.
Furnish the information specified above.

- ☒ **Budget Limits by Level of Support.** Based on an assessment process and/or other factors, participants are assigned to funding levels that are limits on the maximum dollar amount of waiver services.
Furnish the information specified above.

A budget allocation limit is in place for the waiver participant to ensure a uniform objective method of determining the amount of funding needed to meet each participant's needs. The amount is determined using assessment information that reflects the needs of the participant. This assessment information is collected and used by the State to determine the level of supports an individual needs in order to live in a

community setting.

The ICAP assessment tool is used to determine an individual's level of functioning for Broad Independence and General Maladaptive Factors. The ICAP Addendum, commonly referred to as the Behavior and Health Factors, determines an individual's level of functioning on behavior and health factors. These two uniform assessments are used statewide to determine an individual's overall functioning and level of need (algorithm level) from which an objective based allocation limit is assigned.

After the assessments are completed and the information is received by the State, the participants and their support teams are required to review the information and ensure that it accurately reflects them. Upon completion the participant will be notified of the allocation limit through their case manager.

Individual teams may request a formal review of their allocation through their case manager. Teams are asked to review the ICAP and ICAP addendum and provide supporting documentation to substantiate an individual's need for placement in a different algorithm level. The supporting documentation is reviewed as well as the Person Centered Planning Document, Individualized Service Plans, Behavior Support Plans, High Risk Plans and any other collateral documentation needed to analyze the individual's algorithm level.

Adjustments to the allocation limit may also occur when the participant has a change in their needs. Individual support teams may request a review of the assigned allocation limit through their case manager via a budget review questionnaire. The individual support teams must first review the functional assessment findings and provide any other supporting documentation that might lead to an adjustment in the allocation limit. When requested, reviews are conducted by a personal allocation review team within DDRS. If appropriate, adjustments and/or recommendations are provided by the DDRS review team.

In addition, a Budget Modification Review (BMR) allows the participant to request short term increases in funding beyond the allocation limit if specific conditions apply. These conditions consist of a change in medical or behavioral needs or a change in living arrangement.

The BMR provides the participant the ability to request additional funding for a short amount of time to meet their needs that are outside the original allocation limit funding amount.

An individual or their legal representative may appeal the ICAP assessment if they feel it is inaccurate. The consumer/legal guardian has the right to appeal any waiver-related decision of the state within 30 days of Notice of Action (NOA). A Notice of Action (NOA) is issued with the release of each State decision pertaining to a Plan of Care/Cost Comparison Budget (CCB). Each NOA contains the appeal rights of the consumer as well as instructions for filing an appeal.

☒ **Other Type of Limit.** The State employs another type of limit.

Describe the limit and furnish the information specified above.

There are DD Waiver services that fall in this category. Environmental Modifications has a total lifetime limit of \$15,000 which applies across any and all Environmental Modifications funded by Indiana Medicaid Home and Community Based Services waiver programs administered under the State Medicaid Agency.

Similarly, Vehicle Modifications (a component of Specialize Medical Equipment and Supplies) has a lifetime limit of \$15,000, applicable across all waiver programs in the state.

Family Care Giver Training is limited to \$2000 annually.

Additional limits exist in that a participant may not utilize Residential Habilitation and Support services for the same time period as Electronic Monitoring is being utilized, nor may the participant utilized Residential Habilitation and Support in conjunction with Adult Foster Care services as these sets of services are mutually exclusive by definition.

Each limit is established based upon historical expenditure and consistent with the previous DD Waiver limits.